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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY,

Comprising the Proceedings, Papers and Discussions of the Association and Published in the Interest of the Eclectic School of Medicine.

Volume I—1910

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THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME I. CINCINNATI, O., SEPTEMBER, 1909. NUMBER 1.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Proceedings of the Thirty-ninth Annual Session, Held in the Auditorium Hotel, Chicago, Ill., June 15-18, 1909.

The Secretary called the roll of officers and declared a quorum present.

The meeting was opened with the following prayer by Rev. Joseph J. Rae, of Chicago.

"Our Father, we ask Thy blessing upon this great meeting about to be held here. We can smile to think of the great completeness flowing around our incompleteness. Let the great glad consciousness of it come to us, that God is good and that His love and life is for each of us, that the fullness of His great tenderness waits as our portion. Help us to recognize that the fullness of Thy goodness is with each one of us to-day, with all our faults and shortcomings; with all our failure and sin Thou dost come to us to lift us from what we are to what we ought to be, and that Thou art living to teach us the possibilities before us all. We thank Thee that thou don't call us out to greatness, that for every one there is a place as large as our possibilities, and we ask Thy help that we may fill the largest place to its fullest possibility. Let Thy blessing rest upon us and abundantly direct the proceedings of this meeting. May these, Thy servants, meeting together in the interests of human lives, considering the questions that go to the relief of human weakness, have Thy best blessing. Be Thou the director of these sessions and councils. May there not only come from our quickened and perfected sense of Thy power, our thankfulness for it, but may there come to each man and woman of this great assembly an intensified appreciation of the great work before them. We thank Thee for the great success of the medical institutions to-day; we praise Thee and shall recognize Thee so long as Thou dost direct man and woman in this great work which makes more simple the miracles of the past. We thank Thee for having delegated to us in a measure the power to save, and grant, therefore, that we may have the consciousness of Thy power behind us, aiding and directing us, and to Thee will be the glory. Grant that for each, when life's duties are done, it may be ours to find that our lives have been full of ministry for good, and that the common deeds of the common days have rung the bells of the far-away. Inspire and save us, for Jesus' sake. Amen.

PRESIDENT: In the absence of the Mayor of the city of Chicago, I have the honor of introducing to you Mr. Geo. M. Bagley, Corporation Counsel for the city.

Mr. BAGLEY: Chairmen and delegates to the National Eclectic Medical Association, it is a pleasure for me to appear here in behalf of the City Administration, and to extend to you the welcome of Chicago, and to express the regret of the Mayor that he could not be present to welcome you himself. It was fully expected that the Corporation Counsel himself would be here, but unforeseen circumstances arose to prevent, and he at the last moment delegated me to come.

I assume from your announcements that you are a body of men of some choice, and we believe you evidence your wisdom when you selected Chicago as the place in which to convene.

Chicago is proverbially a convention city. There is hardly a week but what we have here a meeting of one sort or another and of more or less national importance, and it has always been the desire and the wish that those who come from other States, or wherever they come from, should depart with a good impression of it and its hospitality.

I feel (if I may be permitted to assume a little) that you gentlemen in the medical profession, as its representatives and as individuals, have honored us by coming. As one of our great writers has said: "You blaze your own way, not merely following a given lead." A gentleman of literary inclination having gone on a visit across the water thought he would pay his tribute to the immortal Gray, who wrote this sentence. He went to the little graveyard, and away over in a corner by the tombstone he saw a man leaning over the top of the tombstone. He waited until the man had gone, and then went over to the place to see what he had found of such interest on the stone, and there he saw written in fine, but clear and distinct pencil writing, "Such as I am now you are soon to be," and under this the visitor had added his contribution: "To follow you I am not content until I know which way you went." That seems to be the spirit which animates this body, and I trust, and the city administrators trust, that your deliberations will be profitable, and that you will go away imbued with the idea that it is a hospitable city, as well as a good and interesting place to have your meeting, so that when occasion again presents for the selection of a meeting-place you will look with favor upon our city.

R. L. THOMAS, M.D. (Cincinnati, O.), in responding to the address of welcome, said: It certainly affords me a great deal of pleasure on behalf of our Association to thank you for your kind words and very cordial welcome to this splendid city of yours—one of the greatest cities of the world. Of course, we have all heard of the city of Chicago, of the wonderful things you do here, and although we may differ a little with Kipling, whose opinion may not be as good as ours will be when we get through, we are glad to be with you.

We belong to a school, perhaps not numerically the largest, but we think we belong to an important school, and we believe we have a mission in the medical world. We are here from all parts of the country. We have present with us representatives from the far West, the sunny South,

the East and the North, so we believe we have a fair representation of the medical thought of the country.

We are here to compare notes as to the best ways of relieving the sick, and we are also here to get some pleasure, as we have gotten away from the humdrum of practice, and I am sure we shall all enjoy the hospitality of your city.

Business Session.

President: I will now ask for a verification of the minutes of last year's meeting as printed in the Transactions.

G. W. Boskowitz (of New York): I move that the minutes be accepted as printed. Seconded. Carried.

Recording Secretary's Report.

The last two Association years have been remarkable in the amount of work accomplished, the universal harmony which has prevailed, the unanimity of purpose displayed, and the awakening of a large per cent. of our people from a feeling of security and lethargy.

The work outlined in this time has exceeded that accomplished but little, particularly along the line of reorganization.

A little more than three months after the adjournment of the Kansas City meeting the bound volume of our Transactions was placed in the hands of each member reported in good standing, at a total cost of $1.52 per copy, including postage.

From time to time copies have been sent to reinstated members, and about twenty-five copies were placed in our college libraries and public libraries, leaving on hand thirty-five copies.

Since becoming your Secretary I have sent out about 400 copies of the old Transactions, and have on hand as follows:

Vol. XXIII	85	copies
Vol. XXIV	20	"
Vol. XXV	84	"
Vol. XXVI	90	"
Vol. XXVII	60	"
Vol. XXVIII	56	"
Vol. XXXII	41	"
Vol. XXXIV	60	"
Vol. XXXV	127	"
Vol. XXXVI	35	"

For the benefit of new or old members caring for these books, I desire to say they are to be had for the postage plus fifty cents for wrapping and mailing.

I am happy to report that since the adoption of the amendments to our Constitution last year the work of reorganization has made material progress. To this work your officers have directed much of their time and energies. Early in the present association year letters were addressed to each State secretary calling attention to the new plan of membership, and requesting each State association to adopt such changes in their constitutions as would make it possible for them to act in harmony with the National and with one another. Out of this grew much correspondence, and, we trust, much good, at least we have results that would indicate such.

The Committee on Revision of the National Constitution submitted a report to the President incorporating suggested changes in the constitutions of the State societies which desire to act in harmony and uniformity with the National and with each other, and copies of these suggestions were presented to each State society through the secretary as a means of facilitating the work. Varying conditions in different States have demanded various methods in detail to attain desired results, yet in the main, in so far as reports have been received, these have been successfully met and happily worked out.

In some States undergraduates are admitted to full membership, and out of this fact arises the question, shall the National admit any and all legally qualified practitioners who in other respects meet the requirements of our Constitution?

Again, what shall be the status of a State society, or an individual member of such, when the State society votes to adopt the new plan of membership, and some of these members do not desire National membership? Out of this grows the question, is or shall the new plan be optional or obligatory?

Again, some non-State members, in States having auxiliary societies, desire National membership, but are not desirous of affiliating with the State society to obtain it.

While the law seems to cover these points, or where not covered recommendations of the Committee on Revision of the Constitution may do so, yet a ruling or interpretation of the law bearing on these questions is desirable, that your Secretary may deal wisely and justly with all, and thus prevent discord.

These questions have had to be met, and having no precedent bv which to be guided, we have urged that all come in, or at least apply for membership, and let these questions be adjusted at this meeting.

Early in the year blanks for application for membership were sent to each State secretary to facilitate the work of listing the applicants and furnish ready means for identification and credentials for the use of the committee.

Soon after the Kansas City meeting Colorado forwarded a list of new members and a check for them, thus making the first State to accept, in a substantial way, the new plan of membership, though Texas was the first to officially adopt the plan at their meeting last year. Thus far we have had reports from Connecticut, Indiana, Kentucky, Ohio, Missouri, New York, Arkansas, Texas, Oklahoma, Illinois and Colorado, with lists and money for each applicant. Others have reported, but have not done so officially.

Our inability to keep in touch with a large majority of Eclectics becomes more accentuated as the work of reorganization is carried forward. Too much money is spent in antiquated methods of publishing transactions for the number we are able to reach, and if our membership increases several fold, as it will do, the past methods will be inefficient, ineffective and disproportionately expensive, particularly when we consider our income.

Several hundred new members will demand some provision for certificates of membership. We have about seventy-five old membership certificates on hand. The Federal Lithograph Co., of New York, who have the stone from which our certificates have been made, has changed hands, and the successors want more for five hundred new certificates from the old lithograph than we can get a new one for, including the copies.

I herewith submit the correspondence with four companies, trusting the executive committee may not have to assume all the responsibility in the matter.

All reports up to the present time indicate that the State societies have had interesting, profitable and in most instances well-attended meetings.

All official reports show favorable action on the new plan of membership with but one exception. In this case we hope better understanding will bring in a large per cent. of the active members at least.

Some have accepted the plan conditionally, the conditions being at variance with our proposals. These all require some better knowledge of the existing laws, new methods and proposed amendments to our Constitution to clear up the situation, which we trust will not be difficult to accomplish.

We would recommend that those present not fully informed or satisfied with the new plan of membership make it a point to present the matter, that we may be made acquainted with your difficulties and that the details of the work may be thoroughly understood by all.

The demand for a better and more extensive knowledge of materia medica and therapeutics is becoming universal, and the awakening has resulted in the closer study of our remedies. Several organizations have for some years devoted special attention to these subjects, and recently we have others working along different lines but accomplishing much good.

It would seem that some recognition of these efforts by this body might further stimulate this work, and by co-operation under guidance of one head this work might be made to assume large proportons and result in greater good. WM. P. BEST, *Recording Secretary.*

Referred to the Advisory Committee.

TREASURER'S REPORT.

The followng report includes the receipts and expenditures from June 15, 1908, to June 1, 1909, and is respectfully submitted.

RECEIPTS.

By	Balance on hand, June 15, 1908	$ 746 22	
"	Membership fees, 1908 meeting	330 00	
"	Dues and reinstatements	1,096 00	
"	L. A. Perce, contribution to Committee on Medical Legislation.	100 00	
"	Net receipts K. C. exhibits	162 50	
"	One certificate fee	2 00	$2,436 72

DISBURSEMENTS.

Order numbers begin with first warrant not previously audited.

Order No. 155	to W. N. Mundy, Secretary of Committee on Medical Legislation	$ 100 00	
Order No. 156	to H. H. Helbing, expenses, corresponding Secretary	32 50	
Order No. 157	to W. P. Best, expenses	97 00	
" " 158	" Marie Best, posting books	25 00	
" " 159	" G. A. Moorman, programs, etc	40 25	
" " 160	" J. K. Scudder, postage, etc	23 20	
" " 161	" E. B. Shewman, expenses, Com. Med. Col	67 50	
" " 162	" W. P. Best, Secretary, salary	200 00	
" " 163	" E. G. Sharp, expenses	39 50	
" " 164	" E. G. Sharp, postage	18 50	
" " 165	" E. G. Sharp, express, printing, etc	9 83	
" " 166	" J. R. Borland	10 00	
" " 167	" F. E. Dillon, stenographic report	118 25	
" " 168	" G. A. Moorman, stationery	44 50	
" " 169	" Ætna Press, printing 1908 Transactions	543 65	
" " 170	" W. P. Best, postage on Transactions	48 00	
" " 171	" W. P. Best, wrappers, stamps, etc	15 92	
" " 172	" J. K. Scudder, stamps, envelopes, etc	47 36	
" " 173	" W. P. Best, stationery and incidentals	12 55	1,493 51
	Balance on hand, June 1, 1909		$ 943 21

G. W. Boskowitz: I move that the Treasurer's report be accepted and filed. Seconded. Carried.

Advisory and Credentials Committees were then appointed, as follows:

Advisory Cimmittee.—G. W. Boskowitz, New York City; R. L. Thomas, Cincinnati,O.; E. G. Sharp, Guthrie, Okla.; J. A. McKlveen, Chariton, Iowa; J. M. Mulholland, Pittston, Pa.; Wm. M. Durham, Atlanta, Ga.; E. J. Farnum, Chicago, Ill.; J. R. Spencer, Cincinnati, O.; H. H. Blankmeyer, Honey Grove, Texas.

Credentials Committee.—C. E. Laws, Ft. Smith, Ark.; Pitts Edwin Howes, Boston, Mass.; Lyman Watkins, Blanchester, O.

Dr. Graves (for the Commitee on Arrangements): The Illinois Eclectics will give a reception in the Congress Hotel this evening at six o'clock and a dinner in this room at seven o'clock, after which the President will deliver his address and a little entertainment will take place. To-morrow afternoon the Committee has in view an automobile ride through the parks and suburbs, but for to-day the program is practically as printed. It is our desire to make this entertainment as informal and pleasant as possible, and we want all doctors and their wives present in the parlor this evening.

President: Is there a report from the Bok Committee?

G. W. Boskowitz: Simply *progress,* Mr. President.

President: A full report of the Committee on Revision of the Constitution is contained on pages seven and eight of the program.

G. W. Boskowitz: There are several suggestions with the Secretary's report, and your Advisory Committee will not have time to consider these and report by 2 p.m., so it might be well to delay the Constitution amendments. May we not make that the first order of business Wednesday morning? If that may be done I would like to move that the report of the Committee on Revision of the Constitution be the first order of business Wednesday morning. Seconded. Carried.

President: The Auditing Committee and the Advisory Committee, as well as the Committee on Credentials, have important work ahead of them, and if there is no new business I would entertain a motion to adjourn until 2 o'clock this afternoon.

Adjourned at 11:45.

2 p.m.—Section work.

Wednesday Morning, June 16.

Meeting called to order at 9:30 a.m., President John K. Scudder in the Chair; Wm. P. Best, Secretary.

G. W. Boskowitz (New York): I move that the President's Address be referred to the Advisory Committee. Carried.

Committee on Credentials reported as follows:

	Old Members.	New Members.
Arkansas	4	21
Colorado	..	9
Connecticut	5	23
Georgia	2	9
Illinois	16	88
Indiana	22	23
Iowa	2	2
Kansas	..	32
Kentucky	14	14
Maine	..	2
Massachusetts	..	1
Michigan	2	1
Missouri	20	21
Nebraska	3	3
New York	17	49
Ohio	34	45
Oklahoma	4	29
Pennsylvania	11	17
South Dakota	..	2
Tennessee	6	9
Texas	8	30
West Virginia	2	6
Alabama	..	1
North Dakota	..	1
Wyoming	..	2
Total	171	434
Grand Total	605	

PRESIDENT: Is the Advisory Committee ready to report this morning?

G. W. BOSKOWITZ, Chairman Advisory Committee: Mr. President, we have taken up the various reports and resolutions handed to us. Dr. Blankmeyer, of Texas, will report on the recommendations in the Secretary's report. Dr. Thomas will report on Constitutional Amendments, and Dr. Boskowitz will report on the Standlee letter.

Dr. Blankmeyer read his report:

REPORT OF THE ADVISORY COMMITTEE.

We, your Committee, to whom was referred the report of your Recording Secretary, beg leave to report as follows upon four questions raised by him:

1. "In some States undergraduates are admitted to full membership, and out of this fact arises the question, shall the National Association admit any and all legally qualified practitioners, who in other respects meet the requirements of our Constitution?"—to which we answer and recommend that he be instructed in the affirmative if said undergraduate is a member of his State society, or, if there be no State society, he shall be a legally qualified practitioner in his State.

2. "What shall be the status of a State society or an individual member of such when the State society votes to adopt the new plan of membership and some of the members do not desire National membership?" Answer and recommendation: All such shall be dropped.

3. "Shall the new plan of membership be optional or obligatory?" Answer and recommendation: Obligatory.

4. "Some non-State members in States having auxiliary societies desire National membership, but are not desirous of affiliating with the State society to obtain it." Answer and recommendation: Each must join his State society or drop out of the National.

Dr. Young: I see no reason why all members of State societies in affiliation with this National Association should not become members of the National. If I understand it right, State societies are bound to collect certain dues from each member. Then the State secretary is to remit to the National $2 for each member in his State society.

H. H. Blankmeyer (Texas): I believe it is the wish and intention of the Advisory Committee that this is the way the matter should be handled.

O. C. Baird (Kansas): If we make it possible for a man to become a member of the State society without becoming a member of the National, we are obliged to privilege a man to become a member of the National without becoming a member of the State. As I understand it, when I pay $2 I am a member of the State, and am not a member of the National unless I pay the extra $2.

Dr. Young: A man, as I understand it, can be a member of the National without being a member of any State society if the National so elects, provided he has no State society; but if he is a member of a State society in a State affiliated with the National, and he is in good standing with his State society, he is a member of the National and they have to pay his dues.

G. W. Boskowitz: This is an important matter, and the Advisory Committee is very anxious that every member before voting on the question should thoroughly understand it so that you can explain it to your societies. There is nothing to be brought before the society that is of more importance than this, which is one of the fundamental laws. The intention of the resolution is that in States where there is a State society no man can enter the National without joining the State. The provision for individual membership is simply for States where there is no State society. This National organization does not want to weaken any State society, but is trying to do all in its power to strengthen them, so we want this point clearly understood, that every active member in the State society becomes an active member in the National. The matter of how the $2 is paid to the National is no concern of ours; that is for each State Secretary to determine for himself. The one point to bear in mind is that no member can enter this organization from a State having a State society except by joining his State society.

Wm. P. Best (Secretary): There seems to be one other question that is not sufficiently elucidated—that is, in States like, for instance, Indiana, where there are members in good standing in the State organization who are retired from practice. They may desire to retain their State membership but do not desire to join the National. Now the question is, shall these members be dropped, or may they be retained on our honorary membership list?

Dr. Boskowitz: If these members are active members in your State society and contributors, then they must be members of this. If, for any reason your State may have, they do not want to join the National, then

they may be placed on your honorary roll, with which the National has nothing to do.

PRESIDENT: All in favor of this measure please rise. (30 to 1 in favor.) Carried.

DR. THOMAS read his report on changes in the Constitution as to membership fees:

CONSTITUTION.

ARTICLE 3.—MEMBERSHIP.

This Association shall consist of such permanent members as are members in good standing of the several State societies auxiliary, and of such other members joining independently of such State society membership as hereinafter provided.

ARTICLE 10.—AUXILIARIES.

(Last clause.)

State societies shall pay an annual per capita tax of Two Dollars for each member in good standing.

BY-LAWS.

ARTICLE 1.—MEMBERSHIP.

SECTION 1. This Association, upon recommendation of the Committee on Credentials, may receive as permanent members such persons graduates of medical colleges recognized by this Association, or of fifteen years' practice, who are legally qualified to practice medicine in their respective States, *as shall be duly recommended for membership to this Association by the respective State Eclectic medical societies auxiliary to this Association. Also applicants as qualified above, from States where the entire State society membership may not have affiliated in a body, or where there be no State Eclectic medical society.*

SECTION 2. Every State Eclectic medical society and every medical college auxiliary to this Association, as prescribed by the Constitution, shall be entitled to *propose members* annually to this Association. The credentials of each applicant shall set forth his academic rank, the institution from which and the year in which he received the degree of Doctor of Medicine, and the time during which he has been engaged in practice. Such credentials, when accompanied by *the annual per capita tax of Two Dollars per member, or from applicants for membership from State not uniting their entire membership, or from applicants from States having no State Eclectic medical society, Three Dollars per member.*

ARTICLE 11.—FEES AND DUES.

SECTION 1. Every person elected to permanent membership shall complete such membership *on payment of Three Dollars, and after the first year shall pay an annual due of Three Dollars, except where the entire membership of a State society join, Two Dollars per member, as provided in preceding Section 2, Article 1, on membership.*

PRESIDENT: All in favor of this recommendation, rise. (32 in favor, none opposed.) Carried.

DR. THOMAS: I would like to suggest to the members of the different State societies that when you explain this to your State organization it would simplify matters if every State would simply change their dues

and make it one lump sum so there would be no question of bills, which is National and which is State, and which is paid and which is still owing. Just fix your dues to include the National dues and then the secretary can remit to the secretary of the National $2.00 per member.

G. W. Boskowitz: In reference to the letters and papers submitted by Dr. Standlee, your Advisory Committee suggest that no further attention be paid to them. Seconded. Carried.

G. W. Boskowitz: I move that the thanks of the Association be extended to the Illinois Eclectics for the reception and dinner given last night. Seconded. Carried.

President: Dr. Mundy, will you kindly report for the Committee on Medical Education?

REPORT OF COMMITTEE ON MEDICAL EDUCATION.

To the National Eclectic Medical Association:

In presenting our second annual report to you, it only becomes necessary for me to reiterate in a measure what we reported last year. The agitation in medical educational matters still continues and the clamor for higher preliminary qualifications still continues from certain quarters.

The agreement between the councils of last year, asking that a four-year high school course should be sufficient, has not been kept in good faith, and certain ones are asking that a year or two in a literary college be added to the requirements. In fact, certain States have made it the minimum qualification. Certain universities have also made it their minimum. A few States have added a year in biology, chemistry, physics and one modern language, German preferred.

Chemistry, physics and German are taught in most first-class high schools, and it appears to me that the additional year is superfluous. One year in German is of no practical value, especially so when studied in our English schools. You have neither a reading nor conversational knowledge of the language. The time limit, it appears to me, is erroneous. It would be more appropriate to base the entrance qualifications on the credit or unit system as is now in vogue in most of our literary colleges. The exacting of a time limit is unfair to the student and furnishes no incentive for work; in fact, is rather a deterrent to the worker. We do not decry the advancement of the preliminary qualifications, but we do think the entire motive is based solely on selfishness, and one does not have to listen very long or read many pages of a journal until the tale is told. We do not desire to see the standards raised so high as to forever bar the worthy, ambitious youths from entering the profession. Many avenues are now closed to him and it now appears that the profession of medicine will be closed to all but the wealthy.

The attempt to Germanize or Anglicize our institutions of learning is, to say the least, disgusting. There is nothing in common in our systems. No country has anything to compare with our public school system, and to harmonize our institutions with either England or Germany would require re-arrangement of the entire educational system. The truth of the matter is, there should be a harmonizing of our high school and college curriculum as well as of our medical. A high school graduate in the several States may mean much or little.

The Council of Education of the American Medical Association is still demanding higher qualifications, but the American Confederation of

Reciprocating, Examining, and Licensing Medical Boards, at its recent meeting in Louisville, re-affirmed its belief in the graduation from the first-class high school as its minimum, or a total of sixty counts, and affirms that two years in college is at present too high a minimum requirement.

Whilst it is true that the American Association of Universities and the National Association of State Universities have declared for the two-year college, yet it is claimed that there are only sixty or seventy colleges in the United States that can honestly require a two-years academic course. This demand is too high and not necessary. The truth is, educational institutions as well as medical are in a chaotic condition, and the mere fact of one's possessing a degree may mean much or little. The entrance requirements as well as the curriculum differ in States as well as in colleges, and before a demand is made for a higher standard this chaotic condition ought to be remedied and uniformity secured if possible.

Attempts have been made to provide a suggestive medical curriculum, and that suggested by the above-mentioned council provides for 4,200 hours. It is suggestive, however, and its full details have been furnished by this council to the secretary of our college confederation for its use. Some States have divided their examinations and have provided for a partial examination at the end of two years in anatomy, physiology and chemistry, the student passing with or above a certain grade receiving credit for these studies on his finals. Other States are providing for a mixed examination—that is oral, written and practical. Both these innovations appear to me to be fair and practical if honestly carried out. The fact should not be lost sight of, that, after all, these councils have no legal standing, and that the boards are the only legal bodies having authority, and it is refreshing when one hears a member caution the boards "to go slow, and that the boards should remember that these students are men and citizens and have rights, which even examining boards must respect."

To summarize: The Council of Medical Education appointed at the Los Angeles meeting of the National Eclectic Medical Association has endeavored to do good service for the cause of Eclecticism during the two years of its existence, which can be summed up as follows:

1. It has checked in some measure the Council of the American Medical Association in its self-imposed work of arbitrarily inspecting our Eclectic colleges, attempting to throw them out of existence without a chance of regeneration, by reporting them to examining boards as in bad standing before that association.

2. It secured the co-operation of various State medical examining boards in getting equal consideration and recognition of the claims of the American Institute of Homeopathy, the National Eclectic Medical Association and other legally recognized schools of medicine with those of the American Medical Association.

3. It has received official recognition from the State Medical Examining Boards of Ohio, Michigan, Indiana, New York, Kentucky, Idaho, Texas and other States, and has been invited to send representatives to inspect colleges with them and to report to them.

4. It has combined with the Homeopathic Council looking to a closer watchfulness over our educational and legislative interests.

5. It has endeavored to prevent undesirable men and those non-representative of Eclecticism from being appointed to places on State examining boards.

6. It has urged improvement in the equipment and workings of some of our medical schools, to modernize them, and urged certain reform with the hope of elevating the educational standards.

7. It has endeavored to interest active men in every State for the purpose of collecting valuable information and statistics for future use in its work.

8. It has urged upon our educational institutions to induce the members of their faculties to join the National Eclectic Medical Association, and has taken up the securing of applications for membership.

Organization.—Under this head the work has had two great objects in view:

1. The securing of students for all our colleges.

2. The strengthening of our State organizations by securing members for our societies. We have personally visited and addressed several Eclectic medical societies, urging upon them closer organization and loyalty to the National Eclectic Medical Association. Some new members have been secured, a feature yet meagre in results, but promising better results when the conditions are better understood and developed.

We have endeavored to adjust discriminations against our school by boards of medical examiners, and have furnished our friends in various States ammunition wherewith to combat unfavorable legislation.

We have endeavored to minimize the harm that is done the cause of Eclecticism by those of our own ranks, who, through misinformation or malice, incline themselves to carping criticism. We welcome suggestions and criticisms intended solely to advance our cause. That the work so auspiciously begun should be carried on aggressively and enthusiastically is an imperative necessity. We have put our hands to the plow and we cannot turn back if we would. To carry it on properly, funds are needed. That they can be furnished by our profession without its members feeling the drain goes without saying.

PRESIDENT: We will refer that report to the Advisory Committee. The Arrangement Committee has prepared for an automobile ride this afternoon. The cars will be in front of the Auditorium this afternoon at 2:30. The chairman of this committee asks that you kindly let him or some member of the committee know whether or not you intend to go, so that arrangements may be made for all who care to go.

WM. P. BEST: Last year we had a letter from Dr. J. R. Borland, saying that he was one of the oldest members of our Association but had retired from practice. Upon motion we returned his $2.00 to him and placed him upon our honorary list. I have a letter of thanks from him which I will read to you. I also have a letter from E. H. Stevenson, which I will read to you with the permission of the President.

Moved and seconded that these letters be placed on file.

PRESIDENT: If there is no further business we will pass on to the section work of the morning.

Adjourned.

THURSDAY MORNING, JUNE 17.

President called the meeting to order at 9 A.M. Motion was made and duly carried to dispense with the reading of the minutes. The resignation of Dr. John Dill Robertson, of Chicago, was read and accepted. A report of the Credentials Committee was called for and the Advisory Committee was requested to report at 11 A.M.

At 11 A.M. the report of the Auditing Committee read as follows:

REPORT OF THE FINANCE COMMITTEE.

JUNE 16, 1909.

We, your auditing committee, beg leave to report as follows: We have examined the accounts and vouchers of the Secretary and Treasurer and find them correct. Signed, W. E. KINNETT,
ORLANDO S. COFFIN,
F. O. WILLIAMS,
Committee.

JUNE 17, 1909.

We, your auditing committee, to whom was referred the matter of procuring membership certificates, have examined the different bids submitted and recommend the acceptance of the bid of Wm. B. Burford, of Indianapolis, Ind. Signed. W. E. KINNETT,
ORLANDO S. COFFIN,
Committee.

Report adopted.

SECRETARY: I would like to announce that to-morrow morning the first call of business will be for the names of delegates to the Electoral College. Each college represented is entitled to one vote. We would like to have you attend to this so that we may have the list.

The meeting, on motion, adjourned to reconvene at 2:00 P.M.

THURSDAY AFTERNOON SESSION, JUNE 17.

Report of the Advisory Committee read as follows:

REPORT OF ADVISORY COMMITTEE.

Your committee, to which was referred the President's Address, desires to say that after carefully reading the address we find so many valuable suggestions and statistics therein that we desire first to suggest a careful reading of it by every individual member of the organization, and therefore recommend its publication in the official organ of the Association. And we would further recommend the adoption of his suggestion in regard to the publishing of a quarterly journal. Therefore, we offer the following

Resolved, That this Association abandon the publication of a single volume of Transactions and in its stead issue a quarterly, to be known as "The National Eclectic Medical Association Quarterly." And further be it

Resolved, That the Corresponding Secretary shall be the Managing Editor of such publication, and that the cost of publication shall not exceed $1,000.00 a year.

G. W. BOSKOWITZ, M.D.,
R. L. THOMAS, M.D.,
J. A. MCKLVEEN, M.D.,
E. G. SHARP, M.D.,
J. M. MULHOLLAND, M.D.,
WM. M. DURHAM, M.D.,
E. J. FARNUM, M.D.,
J. R. SPENCER, M. D.,
H. H. BLANKMEYER, M.D.,
Committee.

Resolution and recommendation adopted.

FRIDAY MORNING, JUNE 18.

Meeting called to order by President Scudder at 9:00 A.M. and a report of the Committee on Credentials called for. They reported 550 new members added.

PRESIDENT: The Electoral College will meet in Club Room 4 at 9:30 promptly. Will the Secretary please call the roll of States and the delegates kindly respond?

REPORT OF THE ELECTORAL COLLEGE

The Electoral College, made up of the following representatives, met and organized with President G. W. Boskowitz, M.D. Secretary, Pitts Edwin Howes, M.D.

Arkansas representatives, Drs. C. E. Laws and A. J. Widener.
California, ——
Colorado, ——
Connecticut, ——
Florida,——
Georgia—Wm. M. Durham, 3 votes.
Illinois—Drs. G. O. Hulick and H. S. Lorence.
Indiana—Drs. C. N. Brown, U. G. Vance.
Iowa—Drs. J. A. McKlveen and J. A. Horner.
Kansas—Drs. F. P. Hatfield and O. C. Baird.
Kentucky—Dr. Lee Strouse.
Maine—Dr. H. J. Shireson.
Massachusetts—Drs. Pitts E. Howes and Frederick W. Abbott.
Michigan ——
Missouri—Drs. J. E. Calloway, A. F. Stevens and H. H. Helbing.
Nebraska—Drs. F. L. Wilmeth and W. N. Ramey.
New Jersey ——
New York—Drs. G. W. Boskowitz, Chas. W. Brandenburg and H. Harris.
Ohio—Drs. W. T. Gemmill, S. M. Sherman and R. L. Thomas.
Oklahoma—Dr. E. G. Sharp.
Pennsylvania—Drs. M. V. Hazen and J. M. Mulholland.
South Dakota ——
Tennessee—Drs. J. Paul Harvill and A. B. Young.
Texas—Dr. H. H. Blankmeyer.
Vermont ——
West Virginia ——
Wyoming—Dr. T. A. Dean.

H. H. BLANKMEYER: I move a rising vote of thanks to the Illinois Eclectics for their entertainment. Carried.

DR. THOMAS: The Advisory Committee has another resolution to offer in regard to membship.

REPORT OF THE ADVISORY COMMITTEE.

CHICAGO, June 18, 1909.

Further consideration of the subject of membership leads your commitee to offer the following resolutions:

"*Resolved*, That after the year 1910 no person shall be considered a member of this association who does not affiliate with his State society, provided he resides in a State where a State organization exists.

"*Resolved,* That we express our delight, satisfaction and gratification at the manner in which our Council on Medical Education has conducted its affairs. That we appreciate the manner in which they have safeguarded the interests of our various colleges, and respectfully recommend the continuance of the committee."

In reference to the letter and papers submitted by Dr. Standlee and referred to this committee, we desire to report that we have investigated them with great care, and respectfully suggest that the entire matter be dismissed.

WHEREAS, The present meeting of our National Association has proven a very successful one, and made delightful by the untiring efforts of the Illinois Eclectics, in the magnanimous manner of their entertainment, therefore, be it

"*Resolved,* That we vote the Eclectics of Illinois a standing vote of thanks for the elegant dinner and automobile ride given us.

"*Resolved,* That the National Eclectic Medical Association approves of the work being carried on by the American Materia Medica Association; that it extends to the society best wishes and congratulations upon having secured the services as secretary of so efficient, patient and painstaking a man as Dr. Smith; and be it further

"*Resolved,* That we call the attention of our practitioners to the existence of this organization, that they may avail themselves of its privileges."

B. S. HORNE (Indiana): In the interest of the society I question the wisdom of that action. I know of many States where there are good Eclectics who, for local reasons, do not wish to affiliate with the State society, and yet they might desire to continue their membership in the National. I see you are patterning after dominating societies in this, but the result will, I am sure, be that you will diminish your number. I have been in the State society for twenty-five years, so it does not apply to me, but in our State I know we have many members who would not care to join the National, and many who would like to join the National who do not care to join the State.

LEE STROUSE (Kentucky): This resolution should, in my opinion, prevail. In many instances you will find many who will not join the State association, because they can just as well cut that out, and may belong to the National for less money, and hence they will stay out of the State. Therefore, if you are going to admit them to the National without belonging to the State, I think the fee should be $10 or $15 for the privilege.

DR. YOUNG: I wish to say that while this may be a good resolution, what are you going to do about those who are already in the National and do not belong to the State? Are you going to turn them out?

A. J. WIDENER (Arkansas): There is no need of catering to the weak-kneed fellows. All they want is to get the certificate and hang it on their wall. I know that we have got our fee down so low that that would not stand in the way of anyone's joining; therefore, we should stand pat on the resolution we have made. In my judgment, this is a good move. If a man is not a good enough Eclectic to stand for his State society he is surely not good enough to claim membership here.

Motion carried.

PRESIDENT: Just a word in passing. There is a mistaken idea if any one thinks a member has been admitted to this organization in the past ten years from a State in which there is a State society except through that State society. No one has come in, and no one should be permitted.

Adjourned to the Electoral College.

Meeting again called to order at 10:30. President called for a report of the Electoral Committee, which was as follows:

President—G. W. Thompson, New York City.
First Vice-President—A. F. Stephens, St. Louis, Mo.
Second Vice-President—F. P. Hatfield, Olathe, Kans.
Third Vice-President—H. H. Blankmeyer, Honey Grove, Texas.
Recording Secretary—Wm. P. Best, Indianapolis, Ind.
Corresponding Secretary—W. N. Mundy, Forest, O.
Treasurer—E. G. Sharp, Guthrie, Okla.
Next place of meeting—Boston, Mass.

G. W. BOSKOWITZ: I move that the report be received and its recommendations adopted. Second by Dr. Felter. Carried.

G. W. BOSKOWITZ: I move that before the installation of the new officers a vote of thanks be extended to Dr. Helbing, the retiring Corresponding Secretary. Carried.

PRESIDENT: I will appoint Prof. Lloyd and Dr. Durham to bring forward the new officers and introduce them to the society.

PROF. LLOYD: I hold by the hand an Eclectic whom you have honored by electing him as your President, and who will honor you as President of the National Eclectic Medical Association. Let me say to you that I know Dr. Thompson. In the city where he lives his record is an admirable one, personally, morally and professionally. I know, by long acquaintance, the regard and respect given him by the people of his home city, New York, and it does me an honor, my friends, to have this opportunity of speaking these words in behalf of the comming President of the National Eclectic Medical Association.

DR. THOMPSON (in response): Members of the National Eclectic Medical Association, I thank you for this honor. I appreciate it. I appreciate the kind words of Prof. Lloyd. He has introduced me to many of you for the first time. I wish to say to you that any man with a particle of pride could not help but appreciate this great honor. I consider it one of the greatest honors that can be conferred upon a man to be raised to the position that you have raised me to to-day.

I wish to say to you that the work you have placed upon my shoulders will be done well—as well as I can possibly do it. I cannot expect to do it as well as Dr. Scudder did, but I will do it as well as I can. It all depends upon the help given me by the officers elected with me, and on the effort of each and every one of the members. It will depend on the States to give to the National the success it is entitled to.

I feel the responsibility may be more than it really is, but what it is has depended upon the training for the past years of our officers. It looks

to me as if there is to be a great work of centralization during the next few years, in literary work as well as in medical and all other branches, and an effort to wipe out the small colleges. Whether this is true or not I cannot say, but in this time of evolution and great monetary interests it looks to me as if we were passing through a great time, which will be very hard on the small institutions. I hope we can avert this, and in order to keep our larger interests it will be necessary for those in charge of the small institutions to drop them and support the larger ones, or they will regret the day they left their college. No man has a right to desert. No man has a right to leave if he thinks his college is to be affected, and merely to save his monetary interests goes over and joins the other side. He is a discredit to the body he leaves and a discredit to the one which accepts him.

I want to tell you again, my friends, that I appreciate this honor, and I ask you to give me the hand of assistance wherever it may be extended and wherever there is a possible chance to do good in the work. I want you to be of aid in any way, shape or form. I want to be able to consult you upon anything that will tend to elevate or strengthen our work, or do any kind of work for the benefit of Eclecticism throughout the entire country.

Dr. Scudder, I hope I shall be able to conduct the affairs of this Association as well as you have done and meet with the success you have always had.

Dr. Durham (introducing Dr. A. F. Stephens, First Vice-President): Your First Vice-President needs no introduction to those who have known him so long.

Dr. Stephens (in response): I feel that the speech made by Dr. Thomson is too good for me to spoil. I feel that the effect of his words should be instilled into the minds of all of us, hence I am going to make my speech very short. The farmer, you know, has two horses to his wagon. One is the off horse. The off horse usually does not know gee from haw, and that is why he puts him there. I don't look at it just that way, but I appreciate the honor you have given me, and, like the off horse, I will pull the best I can. I may not need the check strap to pull me back—I am not that kind of a horse—but I will never balk. I want to tell you again that I appreciate this, how much I cannot say, but whatever can be done by me, hoist it up, and I believe I can stand under the load.

Prof. Lloyd (introducing Dr. Hatfield, the Second Vice-President): Members of the National Eclectic Medical Association, it doubly pleases me to bring this young man before you. Day in and day out, one season after another, it was, years ago, my pleasure to lecture him in the beginning of and throughout his medical course. To see him start on his way, to keep him in mind thereafter, to meet him in the States west of the Mississippi, where he had done his work so well, was also my exceeding great pleasure. I have since greeted him, year by year, at our societies and associations, and now to have the final pleasure of saying to you that in hon-

oring Dr. Hatfield the Association has honored itself, is all I can ask.

Dr. Hatfield: I wish to thank the members of this Association for the honor conferred upon me. I do not wish to make a speech, but I will say that I will be the third horse in the team, and shall continue to pull for the principles of Eclecticism in the West.

Dr. Durham (introducing Dr. Blankmeyer, the Third Vice-President): It is hardly necessary to introduce this gentleman. You have heard from him often during this session and the last. He comes from a State claiming more Eclectics than any State in the South except Georgia.

Dr. Blankmeyer (in response): In behalf of the Texas Eclectics it is necessary for me to tell you that I am delighted, and while it is not my purpose to make a speech, I want to assure you that any co-operation I can give you, as a body or the main horse, I am sure that, living as a tail to this team, you will not find me lacking in willingness or ever trying to wag the head.

Prof. Lloyd (introducing Wm. P. Best, Recording Secretary): We have here a man who has been an officer of our Association so long as to need no introduction to any of our members. Faithfully, earnestly and satisfactorily has he served you through the past. Now we are placing upon him another year of labor, which the record of the past leads us to know will be well done. Thanking him for what he has already done, and expecting as much in this coming year, we can promise even more for Dr. Best, whom, I repeat, I need not introduce to you, other than by saying again, he is to be our Secretary.

Dr. Best (in response): It is with no little feeling of pride that I stand before you again as the clerical representative of this body. Outside of my own family, there is nothing I prize so much as my fellowship in this body. I assure you that I enjoy the work, and I am sure that you have said that you are satisfied with my work in the past by my re-election.

The work before us for the year to come seems to have taken on a cumulative appearance. Dr. Scudder has just laid aside a portion of the arduous work of reorganization, and I am to take it up with Dr. Thompson for the coming year. If we can accomplish as much in the year before us as we have during the one just past, I shall feel that our labor has not been in vain or that Eclecticism has any need to be discouraged or think of dying.

Dr. Durham (introducing Dr. Mundy, Corresponding Secretary): You know how well his work has been done in the cause in the past years, you know what he is doing as secretary of the Medical Council of this Association. You know him more than I do. I have never had the pleasure of meeting him until recently, knowing him only through correspondence, and I am sure that in introducing him to you I am but renewing your acquaintance with an old friend.

Dr. Mundy (in response): I wish I could share fully the feeling of confidence in this new position that I should. I understand from the report of the Advisory Committee that the position of Corresponding Secretary

carries with it new burdens and new work for which I hardly feel competent. I trust that in the year to come I may be able to do my work acceptably to the members of the National Eclectic Medical Association and its officers, but I must say that at this moment I feel somewhat timid in undertaking the arduous work placed upon the Corresponding Secretary. I am not afraid of work. I have been a worker all my life, and am still working, but this is a work that I do not feel competent to do. I trust I shall be able to. I will try if you will give me your support.

My work as Secretary of the Council has been laborious at times, but I must say that in all my work I have yet to feel that I lacked the sympathy and support of any Eclectic. I feel that it is time for closer co-operation and closer organization, and we can only achieve success through thorough organization.

I am much pleased with the outlook following this meeting, and trust that next year at Boston we will add another 550 members, or even 1,100. We can do it if we have your assistance. All we need is your sympathy and assistance. I thank you for this honor, and trust I may fulfill my duties acceptably.

Prof. Lloyd (introducing Dr. E. G. Sharp, Treasurer): Honestly and faithfully has Dr. Sharp served us heretofore. The responsible position he has filled has been well filled. Of him, too, I can say, as of Dr. Best and Dr. Hatfield, our acquaintance began in college days and has never been disturbed. He is to be with us as our Treasurer another year, and we feel safe in his hands. I take great pleasure in thus presenting to you one upon whom we can safely depend to care for our finances in the year to come.

Dr Sharp (in response): I certainly appreciate the honor that has been conferred upon me in my re-election as Treasurer of your Association. I have to the best of my ability in the past looked after the finances and paid the debts as they have come in. I promised you at Los Angeles two years ago, when I was elected, that I would do my best to make you all pay your debts. I have done it to the very best of my ability. I have failed in some instances, and have had some amusing incidents, but I am glad to say to you that in the majority of instances our members have been faithful and have not been negligent. I understand that hereafter more of my work will be with the secretaries of the State associations; therefore, some members who have not paid until June 1, 1909, it appears will still hear from me for a little while, and then after that we shall insist upon payment through the State secretaries. I assure you that I have appreciated this honor, and will in the future, as in the past, serve you to the best of my ability.

G. W. Boskowitz: I move a rising vote of thanks to the retiring officers for the faithful work done. Carried.

Dr. G. W. Thompson: I wish to say a few words to you of silvery beards and thinning carpets. One way to help this body is to find some one to step into your shoes when you are about to step out of them—and you should have them ready to step in before you step out—so as to con-

tinue Eclecticism in your vicinity. It is for every one of you who wish for success to find some young man or young woman whom you can send to the nearest Eclectic college in your vicinity, or whatever one they select, so that we may have reinforcements constantly coming forward to take the places of those who drop out, in order to carry on this grand work.

THE PRESIDENT'S ANNUAL ADDRESS

JOHN K. SCUDDER, M.D., CINCINNATI.

HISTORICAL.

In 1829, Wooster Beach, with his Reformed Medical School, entered a vigorous campaign in behalf of a more enlightened system of medicine in the United States. He set forth the motto, *"vires vitales sustinete,"* and from that beginning the Eclectic system has developed. We meet to-day to do our part in perpetuating a record of *eighty years* and to plan continuing the mighty work that lies before us.

Our National Eclectic Medical Association was organized in 1849, and was reorganized in 1871, since which date it has held continuous sessions. Numerically, there are now about 110,000 practitioners in the United States, of whom possibly 80,000 are of the dominant school, variously known under the term Allopaths or regulars, but who prefer to be called simply "physicians." Probably there are 10,000 Homeopathic physicians, followers of Hahnemann, and 8,000 Eclectic physicians, who constitute the American school, and who have done more than all others to develop the American materia medica. The remainder embrace Physio-medicalists, or followers of Samuel Thomson, Osteopathic, disciples of Dr. Still, hydro-therapists, mechano-therapists, chiropractics, and others we need not mention.

By reason largely of past cruelties and dogmatism of the dominant school and the acknowledged medical pessimism of its present leaders, there is among laymen, increasingly, a widespread distrust of the ordinary practice of medicine, while among physicians of the dominant school there is, by reason of the failure of their past methods and the abandonment of past ideals and processes, correspondingly abundant evidence of a loss of respect for the therapeutic action of their drugs. The necessity for bettering medicines and medical practice would alone be sufficient cause for our independent existence, and shows, as well, the necessity for organized efforts in behalf of progress in therapeutic science.

ECLECTIC MEDICINES.

Our success in the past has been directly due to the value of the Eclectic medicines and the medicinal plants introduced by our practitioners. There is now, owing to the demoralized condition of the remedies used in regular medicine, greater inquiry than ever about the Eclectic remedies. One of our principles has ever been the giving freely to physicians of other schools, as we have freely profited from all. This process we must continue, not

only because we should make a fair return for what comes to us from the outside, but because the people at large profit by the uses of remedies established, as are ours, in disease-expression. By such methods the cause of Eclecticism is also maintained and elevated.

Were scientific research and everything of therapeutic value embraced in the accomplishments of the dominant school of medicine, or possible of accomplishment by its methods, there would be no need for our National gathering here today. But the rules of that school, even more dogmatically applied than heretofore, restrict its membership to the use of a few substances and fragmentary processes that its rulers make *regular*. Now, as never before, that which is thus denominated *regular* fails utterly to agree with the opinions of a great independent class of thinking physicians of that school, who feel that in the direction of therapy, which is the physician's chief object in professional life, they have a right to independent thought and action.

On a common anatomy, physiology, theoretical chemistry, and kindred fixed sciences, the schools are practically united. But now, as heretofore, they differ broadly and diverge widely concerning clinical medicine, and especially is this so since the dominant school, becoming wildly possessed of their craze in the direction of laboratory experimentation on animals in health, has let go of the remedies that were "regular" in the past. It is now wandering in chaotic confusion among laboratory-tested serums, toxins, antitoxins and coal-tar or dye-house synthetics, most of them untried by the profession at large. It is safe to predict that, from their record in the past, when these fads pass only a few of the products now lauded as "cure-alls" will remain.

But the Eclectic school holds fast to that which it has demonstrated and has proven good, adding to the materia medica, as experience in disease shows, a remedy worthy of use in disease. But it adds only that which is of unquestioned value in practice; it does not jump from fad to fad, from this new thing to that thing newer, each to be forgotten when, later, the next German synthetic in the way of a novelty arrives.

The rational cure of disease by small doses of single medicines prescribed according to the doctrines of specific medication, established over thirty years ago, carries our practitioners to continued success. It is a rock on which we stand entrenched. While the "regulars" are becoming nihilists because they have little left out of the past, and but little to hope for in the future, if the past be indicative of the future, our principles and our remedies are increasing in favor, both nationally and internationally.

LABORATORY IDEAS.

Concerning these problems, we can well repeat what President Copeland said before the American Institute of Homeopathy at Kansas City last June:

"The laboratory idea has run rife. Much of scientific value has been discovered, but all is yet too new, too unassimilated, to be of value to the

practitioner. It is of no interest to the patient to be assured that this or that germ is the cause of his trouble, that this or that pathological change has occurred in his tissues. What he wants to know is, what will cure him? The *argumentum ad hominem* is, what can you do for me?

"The general profesion is rich in scientific theory, but, speaking now of the Allopathic branch, poor in remedial resource. Among the laity there is, in spite of *Collier's* attacks, an increasing use of patent medicines. Quinine and opium are imported in large quantities, and the annual consumption of drugs is estimated, by a conservative statistician, at about two gallons, exclusive of liquors and cordials, for every man, woman and child in the United States. Probably a large percentage of the increase in heart disease may be attributed to the pernicious habit of using headache powders. Likewise, many of the deaths in pneumonia are doubtless the result of cardiac depression following the use of antipyretics."

The Eclectic school in medicine is essentially American. Our materia medica is mainly from indigenous plants, and our symptomatology and uses have been established on bedside study of the sick, not by laboratory experiments on healthy animals.

Although we favor the study of histology, pathology, bacteriology and kindred sciences as aids to the practice of medicine, we strongly maintain that in so-called "regular" medicine the great prominence given these branches and the neglect of legitimate thèrapy has been to the detriment of legitimate and applied therapeutics. What benefit all our struggle and research, if the results are to be determined by a post-mortem?

MORTALITY STATISTICS.

Notwithstanding the wonderful claims of the laboratory enthusiasts, one will find, on comparing mortality statistics of the census of 1900 with that of 1890, that deaths from pneumonia, cancer, apoplexy, diseases of the heart and kidneys, diabetes, and in some cases even diphtheria, are on the increase. What a testimonial is this to the fallacy of the serum exploiters who preceded them!

Fortunately, the greatest scourge, tuberculosis, with its widespread ravages, is on the decrease, and its prevention, through the intelligent educational instruction given to the masses, is very noticeable. This, however, is largely due to the abandonment of past heroic medication, and its replacement by ideals long advocated by Eclectic and Homeopathic authorities, as well as the application, continuance and growth of Eclectic and Homeopathic systems of medication, for in these directions are to be found the leaders in materia medica and rational therapeutics.

ABSORPTION.

Some time ago the regulars planned a system of absorption, with the purpose of smothering all practitioners but those of their own school. Our men and the Homeopathists were adroitly invited in to their county societies and local conventions, and were then seated in dark corners. Owing, however, to this treatment, as well as to what our men found so uncongenial in the line of faulty medication, and ignorance in therapy and materia medica,

the stragglers who were thus caught in the net gradually crept out again, and are now coming back into their own fold. The only home of an Eclectic or a Homeopathist is in his own family, and this is especially true in the case of weak brethren.

It should not be forgotten that from the very beginning of the Eclectic crusade all reforms that we have advocated have been decried by the leaders of the dominant school. Our colleges have been considered "irregular," our teachers illiterate, our principles unscientific. Our practitioners have been derided, and we have been, as a whole, classed as unfitted either to teach or to practice medicine. We have been graded *down* on things we consider secondary in medicine and that do not make a feature of the curriculum of our colleges, and have been given no credit for what we believe vital to the practice, and make prominent in our teachings. Thus, now as in the past, we are being decried by self-styled critics, who formulate rules, and then judge the standing of all physicians by their self-made one-sided regulations.

Notwithstanding all this, as has been said, our methods and our medicines have gained in standing, whilst those of our critics have disappeared. This condition of arrogant domineering prevails to-day, and yet, when the history of the future is written, it is to be predicted that the conservatively studied and clinically established Eclectic remedial agents yet to come will be standards of the future, as they have in the past.

NUMERICAL.

Statistics show that we now have 8,000 Eclectic physicians successfully practicing in every State in the Union, thirty well-organized State societies, and probably fifty district or local societies. We publish ten journals, and should strongly support these and our Eclectic colleges. In this connection it should not be forgotten that the Eclectic colleges must be filled with students to care for the people demanding Eclectic graduates in medicine, if we do justice to the people and ourselves. These young men must be shown to our colleges by the Eclectic profession. College professors do the teaching, but they cannot do this and also go out and find men to fill the benches. Let every member of our alumni and every Eclectic physician seek a qualified young man for a life work in a successful profession, and then see to it that he matriculates in an Eclectic college.

The energetic Secretary of our Council on Medical Education will tell you more in detail of work connected with our colleges. I shall therefore simply append a list of colleges, with the final remark that they all need and have a right to expect your individual assistance. If each of our members would procure one student every four years, the present college buildings would be incapable of holding the classes.

OUR TEACHING ESTABLISHMENTS.

American Medical College, of St. Louis, Mo.
California Eclectic Medical College, Los Angeles, Cal.
Eclectic Medical Institute, Cincinnati, O.

Eclectic Medical College of the City of New York.
Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga.
Lincoln Medical College, Lincoln, Neb.
Western University of Eclectic Medicine and Surgery, Kansas City, Kan.

MEMBERSHIP.

By a careful comparison of the average receipts for dues and initiation fees for the past seven years' report, I find that the average collections have been $1,427, and the average annual expenditures $1,425, showing an average paid up membership of but 285 members. We have, however, been carrying a nominal membership list of 500, and sending out about 400 bound transactions annually.

By carefully considering the foregoing, you will readily see the strong advisability of the plan adopted last year, to-wit, that of accepting all State society members at the nominal price of $2.00 per capita per annum.

We have an estimated State society membership of over 2,300; if but 1,200 of these average annual payments to our society, it will give us a revenue of $2,400, nearly twice our present income.

I would recommend the immediate passage, by unanimous consent, of the amendment proposed by our Committee on Constitution, placing the annual dues of members residing in States where there are no Eclectic societies, or in States declining to adopt our new plan, at three dollars. This will be fair to both classes of members, and it is evident that most States will adopt the $2.00 per capita plan.

TRANSACTIONS.

I believe we should abandon the old plan of furnishing a single bound volume of the Transactions, and should provide immediately for our publication of papers and proceedings in the form of a *Quarterly Journal,* octavo in size, of 80 pages per issue, making 320 pages per year. This to go by mail to all members of the National.

The average annual cost of our Transactions and occasional bulletins for seven years has been $651.00. I am satisfied that we can publish and circulate, to members and others, as second-class mail matter, a publication which might be called *The National Eclectic Medical Association Quarterly.*

In order to bring the matter to an issue, I suggest that we arrange for the mechanical part of the publication, at a cost not to exceed $800.00, and that the Secretary or an editor be employed to do the editorial work. I am convinced that the benefits to accrue to our Association by this plan are manifold.

As to Eclecticism in general, I am happy to say, never were there greater opportunities than the present for proving to the world the efficiency of her splendid system of medication, and if Eclectics arise to their opportunities and select intelligent, well-educated high-school graduates for prospective students, there can be no question as to the future of the American system of medicine, Eclecticism.

AMERICAN ECLECTIC MATERIA MEDICA CLUB.

G. W. Boskowitz, M.D., New York.

I want to thank you, Mr. Chairman, for the privilege of addressing this Section, for, to my mind, it is a most important branch of medicine, and to us, as Eclectics, *the* most important branch. And in the whirl and bustle we are apt to neglect it and be caught by that elastic term, "scientific medicine," and forget the bed-rock of our school—its materia medica.

The object of our medical reform is now, and ever has been, to clear away the rubbish of former as well as of present medical theories, and amid the wreck to collect whatever materials might be found from all proper sources for the construction of a new edifice resting upon a broad and durable foundation.

This school, in the development of its materia medica and therapeutics, has a mass of important facts, gathered in an empiric manner, very largely, but positive clinical facts just the same, which make us the peers of any other doctors.

President Hadley, of Yale, in extending a welcome to the American Therapeutic Society, in New Haven, on May 6, said: "There is a special pleasure in welcoming the American Therapeutic Society, because it emphasizes a side of the medical profession which to-day is likely to be neglected. We tend to train critics rather than preachers, jurists rather than lawyers, and perhaps, in the same way, we tend to lay our chief emphasis on training pathologists rather than physicians."

Now, Mr. President, I do not want to be understood as decrying any branch of what belongs to the science and art of medicine. I simply want to say that it is as necessary to study the use and application of drugs, and particularly the indigenous plants, as it is to know your etiology and pathology; and the best way to study it is, in my humble opinion, what is termed, many times sneeringly, empirically—by gathering and recording the facts as observed by careful, conscientious men.

And this brings me to the particular purpose for which I asked the privilege of the floor—to call your attention to a society which has been doing this very thing for Eclecticism—collecting the facts.

The American Materia Medica Association, through its able and painstaking Secretary, Dr. A. W. Smith, of Chicago, has been carrying on this work for seven years. Quietly and without ostentation, known to few outside of its members, it has been gathering and recording the development of our materia medica, and the work that this patient man has been doing should not be lost to us. I therefore propose that the following resolution be presented to the society by this Section:

"*Resolved,* That the National Eclectic Medical Association approves the work now being carried on by the American Materia Medica Association; that it extends to the society its best wishes, and congratulates it upon having secured the services as secretary of so efficient, patient and painstaking a man as Dr. Smith.

"*Resolved,* That we call the attention of our practitioners to the existence of this organization, so that they may avail themselves of its privileges."

DISCUSSION.

Prof. John Uri Lloyd (Cincinnati): I would like to second the resolution offered, and in doing so would like to say a word in behalf of the work Dr. Smith has done, and the work accomplished in the days gone by, by the men after whom Dr. Smith is working. The remedies mentioned to-night, with perhaps one exception, were made and used by the men whose work comes down through the past century. Buried in the literature of the days of Samuel Thomson, Beach and the early American materia medica, lies a wealth of thought and action that does not often see the light of the present day. Dr. Smith is patiently, earnestly, quietly and modestly doing serviceable work for us. Whatever sacrifice there has been in all these years of study in order to make these records of value to the members of the club he has willingly made. As one who is both conversant with the wealth that lies in that direction, and who wishes also to pay a tribute to those to whom we owe so much for these great works done in the days gone by, I wish to approve of the work Dr. Smith is doing, and to say that I know of no greater service in behalf of the school to which we owe allegiance. The investigations of the past are sometimes sneeringly called "empiricisms." But students in so-called empiricism bring to us a wealth from every direction, that can be obtained and founded in no other manner than that of experimentation. Before it had been tried, no man could tell that wheat would make nutritious bread. Who could tell what ipecac, belladonna or aconite would do, if these had not been tried by experimentation? If you seek the sources of the world's great discoveries in life-giving and remedial agents, you will find that whatever concerns humanity's welfare comes down to us through experimentation. Such men as made the early drug records in American drugs were students and workers in a country full of plant structures, of which, as yet, the fringe only has been touched. The experiments they made, and the great work they did, they put into print, and such records Dr. Smith is restudying, and his efforts are bringing back to us again a fund of information new to many who read only in the present.

F. W. Abbott (Massachusetts): Reading the monthly reports by Dr. Smith, I have derived more pleasure, more profit, more practical worth, than from any other medical organization of which I am a member, because of the practical benefit derived from the patient, persistent effort of this modest man. Two-thirds of the reasons for which I have made this long journey to Chicago have been that I might grasp the hand of that man. This society honors itself in honoring such a man—a simple, silent, selfless man is worth a world of boasters. I know this resolution will be unanimously carried, for it takes sense to appreciate sense. I move that we make it a rising vote. Carried.

PARALYTIC DEMENTIA.

Theodore Davis Adlerman, A.B., M.D., Brooklyn, N. Y.

In bringing this subject to your notice, gentlemen, I have no apology to offer for taking up your time, even if this malady does not interest you; as, in my estimation, progressive general paralysis, or paretic dementia,

as it is sometimes called, should be known to every general practitioner, and also because this form of insanity has for every one an interest which is possessed by no other disease. There is no other cause of death among the insane which is so common, and there is no other disease which raises so much controversy as to its cause and pathology.

In all my articles written till now I have not dwelt much on the history of any disease I described, considering it of secondary importance, and if I will now mention only that Boyle and Calmeil (1826) gave the first clinical description of general paralysis, that Klippel, Mieckle, Mott and Campbell and Zacher all did good work in their respective lines in this disease, it will suffice for the present as to the history of paralytic dementia.

Now, what is paralytic dementia, and what do we understand by it?

First, let me tell you that it is a common disease of the superior and lateral convolutions of the brain, which gradually extends over the whole nervous system, producing a peculiar impairment of motor power, and accompanied by insanity. It is a disease which demands a very heavy quota from the educated classes; it is a progressive disease or degeneration, occurring most commonly in married men of middle age, living in the cities, taking both meat and alcohol and exerting their reproductive functions.

Unlike other forms of insanity, it especially attacks men, and, strange to say, it attacks men healthy and vigorous, in the prime of life, and not the weakly neurotics.

Will it surprise you, gentlemen, when I tell you that about one-tenth of all patients committed to the insane asylums are general paralytics?

In most patients the beginning of the disease falls in the period between the thirtieth and fiftieth years, and the disease is much rarer in advanced life. The progressive character of the ailment is marked by three stages—the prodrome, the acute and the terminative.

In young people under twenty very few cases have been observed, and the few that have been reported almost always were victims of hereditary syphilis and marked alcoholism in both parents; and here it will not be out of place to say that by far the most important causal factor of this disease is a previous syphilitic infection, and such an infection can be made out in about 75 per cent. of all cases.

Many of you will perhaps say that general paralysis of the insane is not sufficiently uniform to deserve a name. And while we will admit that, in some respects you cannot look upon general paralysis as a very definite disease, yet the largest number of the insane who suffer from general paralysis present well-marked and typical features. The only thing to remember, though, is that symptoms and courses of each case of general paralysis will vary very much, and depend on the hereditary qualities of the patient, on the proximate causes of the disease, and on conditions under which the degeneration has taken place; and also that a great part at least of the symptoms of general paralysis are purely of a physical

nature. And here I would like to add that these symptoms of general paralytics who own a neurotic heredity differ in the course of their disease from those who have no such heredity, and that the disease which depends on syphilis alone differs from that which results from syphilis and trauma or syphilis and alcohol.

With all above said, we can accordingly say that general paralysis is a disease which may attack the most diverse portions of the whole central nervous system—the brain and spinal cord—at the same time or successively; that it begins most frequently in those regions of the cerebrum which have an immediate relation to the regular course of the psychical and certain psycho-motor processes, and that mental and motor symptoms form the introductory features of the disease in a great many cases.

Putting aside, for the present, the ill-marked, anomalous and pseudo-paralytic cases, we will consider the ones we most commonly meet.

Like everything else, it has a beginning and an end, with some different stages which show the different advances of the disease.

This general paralysis usually begins either as the result of local injury or local strain, and will begin in the last developed and most specialized parts of the nervous system.

The first stage may vary much in duration, and, looking back, friends of your patient will remember certain alterations in the man, not much thought of at the time, but which account for certain odd and eccentric things done by him, so that those early symptoms whose nature was at first not correctly recognized ought to have been regarded as initial symptoms.

You will hear about this time also that the patient's ordinary mental work no longer goes on as easily as before. His memory is rather uncertain, and there are well-marked forgetfulness and inattentiveness, which were previously quite impossible for him to exhibit.

The patient becomes often disorderly in his dress, and violates the ordinary rules of decency and morality; he wastes money, commits crimes, is dissolute. He is regardless of propriety, honor and honesty; will run after women, and do this in a very foolish way, not caring for consequences, person or place.

Loss and defect in power of attention is also very common here. Loss of will-power, doubt and uncertainty may simulate neurasthenia, and increased irritability, change in temper and abnormal susceptibility to the influence of stimulants of all kinds are of very frequent occurrence. Hysteria and nervousness also occur long before any danger is suspected, and intellectual degeneration is noticed equally.

In this, by the way, there is a great contrast between general paralytics and those suffering from ordinary mania. The latter are mostly acute, and will defend their acts very skillfully, while the former cannot argue, and generally deny they have done anything that you tax them with.

Another important symptom here is the abnormal irritability. The patient easily becomes agitated, or gets angry on the slightest provocation,

and it is from this point that we hear from those surrounding the patient or those nearest to him, "that he is so different from what he was." Sleep, digestion and appetite are much disturbed, and it is here that the general practitioner always makes the same mistake when such a patient presents himself—he treats him for neurasthenia.

The patient becomes unfit for his business or his profession, and what he undertakes he mismanages. His loss of attention and memory is noticeable, and he forgets what he has done a day or two previously, and to me these particular symptoms always brought to my memory certain indications and symptoms of senile dementia, but which, occurring in men of thirty-five or forty years, certainly show the advance of this great disease, paralytic dementia.

Among the sensory warnings, we meet with defect in smell, sudden loss of sight of a temporary kind, loss of hearing, temporary and local anesthesia, hallucinations or illusions of one or more of the senses.

Giddiness and so-called congestions of the brain may occur, ending in vomiting and fainting fits. The patient will himself notice here his mental capacity and memory are diminished, and he becomes anxious on this account.

He notices a feeling of confusion in the head, a peculiar distinct pressure in the head, and here you will also find the patient is unable to reckon, and makes the greatest mistakes in simple examples in multiplication.

On the motor side there is a well-marked restlessness and occasionally stupor or undue torpor, with well-marked sleepiness, slight and temporary aphasia or loss of power of expression by speech or by writing, or other defects of the kind may occur with some alteration in gait; while in some there may be little to notice in the gait or muscular power. And here, on the strength of a few such cases, fault has been found with the term general paralysis as not being applicable to persons who are active on their legs and strong in arms; but this strength is only apparent, and we may at the same time see in these particular cases that the deep reflexes are abnormal, and the earliest phenomenon is an exaggeration of the knee-jerk, which exaggeration, as the disease advances, will give way to a sluggish state and by degrees to a total absence.

Here, again, we must call your attention to another important point—the condition of the pupils. You will find they are often unequal and show particular reflex immobility in a large number of cases, especially in those in which other tabetic symptoms develop. Transitory ocular paralyses are in certain cases early symptoms. The association of reflex immobility of the pupils with an increase of patellar reflex is quite frequent. The ocular changes and visual disturbances are, in my opinion, of great diagnostic value. In a great many cases I observed a conjunctival catarrh, which, aggravated with the general paresis, was characterized by bluish discolorations of the conjunctiva, absence of ciliary limitation, and quite a pronounced resistance to therapeutic measures. In some cases the pupil

reacted freely to light and very feebly in others. Color perception suffers with the progression of the paralysis, the perception of violet first disappearing, then blue, and lastly red. In quite a number of cases it is restricted concentrically for white colors.

When I spoke before about the peculiarity of gait I also ought to have added that there may be a dragging of one leg even when the reflex is exaggerated, this depending on one of the convulsive seizures which occur often, or on spinal change. Besides dragging of the leg, the leg is being jerked and not moved steadily, and if the eyes are closed the patient cannot walk, turn around or stand with the heels together. I have also found in these cases quite an unusual manifestation—a voice speaking from within, not heard through the ears—and in these cases this hallucination seems to have been closely associated with spasmodic contractions of the masticatory muscles.

Besides these local or special troubles, there is often a general indescribable change; the person is not himself, so to speak—he is tending away from himself.

A very good plan in order to recognize the beginning of the symptoms is to have the patient pronounce a few difficult words, such as "artillery," "electricity," "Mars," etc., and you will now always hear "artrallariory," instead of "artillery," "Marsaturr" instead of Mars," and like blunders.

In the later stages of the disease the speech in many cases is almost entirely incomprehensible. Another peculiar "want of fixity," as I call it, is also shown by the non-recognition of the lapse of time, and by the manner in which violent passion is suddenly changed into amiability. To the same cause may probably be traced the characteristic facility of disposition of the general paralytic, for even at this early stage there are indications of the optimism which, as the case progresses, afford a remarkable psychical symptom. The morbid vanity, general exaltation, and the tendency to regard all things in the brightest possible light, are distinctly characteristics of the prodromal stage.

The acute stage of the disease is ushered in by delusions of the wildest character. The patient believes himself to be in possession of millions of money, to be a great genius. All his ideas are expanded and exalted, whether it relates to time, space or personal attributes.

The patient here shows perfect content with himself and all around him, by constant use of superlatives. Everything is all right, splendid, first-rate, fine, superb, etc. This, however, is not in all cases, and the delusion of grandeur is not always an invariable symptom. In many cases the initial melancholic, hypochondriacal conditions prevail. The patient claims he can no longer eat; that he is poisoned; that he has lost his head, arm; that he is very small, etc. In other cases, again, there are states of violent excitement, in which the patient raves loudly, cries, and tries to destroy whatever comes in his way. Finally, we see cases also (very frequent ones) where the patients in their mental relations present simply the symptoms of a mental enfeeblement, slowly increasing to complete dementia,

without even showing in any notable form states of excitement or delusions, etc.

A very prominent symptom, in my estimation, is the absence of the ulnar reflex in many cases, and I think it is a symptom of quite some diagnostic value.

There seems to be considerable difference in the sexual power of general paralytics as well as in reflexes. Some lose all sexual desire or power at a very early period. Others show great sexual excitement, and worry their wives or run after strange women; in confinement they will indulge in constant masturbation, and their conversation is erotic, with hallucinations or delusions of sexual character.

We must not forget here to mention another peculiarity of this disease—the handwriting. We can often detect this peculiarity in a letter otherwise coherent and rational. It is not mere tremor in the formation of the letters, but the writing is blotted, dirty, words left out, letters and syllibles missing; a marked want of attention seems to prevail in the letter.

Paralytics may sleep but little, but sleep is not altogether absent.

They generally take food well, often voraciously, and only in few cases do they refuse it. If they conceive a delusion about its being poisoned, it does not last long, and is soon forgotten in the absence of a memory, which is a characteristic of the disease, and this is one reason why the delusions are so constantly changing.

The whole duration of the disease is in some cases only a few months, usually two to three years, and sometimes much more. The most fatal form is that in which there is a very marked emaciation and rapid loss of strength, as a result of the constant unrest and the refusal of food.

Pathologists are not yet agreed whether the essential morbid condition in general paralysis is inflammatory or degenerative; whether the changes occur first in the nerve elements, the stroma or the lymph- and blood-vascular system.

It seems to me more than probable that the beginning of the disease is to be found in some alteration of the blood supply, followed by a peri-arterial lymph growth, disturbances of the lymph currents, with consequent malnutrition of the nerve structures, degenerative changes; and then, when the nerve elements begin to atrophy and disorganize, an overgrowth of the spider cells, with other fixed cell proliferation among the degenerating tissues. Then follow the serous, sanguineous apoplexies and other symptoms found.

Considering the great difficulty of an accurate microscopic examination of the brain, it is not strange that our pathology of general paralysis is somewhat defective.

The anatomical affection in general paralysis is by no means limited to the cerebral cortex. We can often make out the loss of fibers in the deeper parts; also in the white substance and the central ganglia.

The changes in the spinal cord must, of course, also be mentioned here,

and they consist in a systemic degeneration of the lateral or posterior columns.

Time and space will not permit me to go more deeply at present into the pathological question of general paralysis.

It is not always possible to distinguish between general paralysis and some other form of mental disorder. Each stage of the disorder has its difficulties.

The diagnosis of beginning general paralysis is of greatest importance, and to establish the existence of the disease we must prove the presence of both bodily and mental symptoms, which on the whole are progressive. To arrive at an undoubted decision at one interview or inspection is very often impossible, and yet it is this which we may be called upon to do.

Patients are certainly sent to asylums as general paralytics by medical men who certify them as insane on account of their extravagant delusions, after seeing these patients only once, and not having examined them carefully. Remember that when you examine non-paralytic patients, under the excitement and strain of your scrutiny they produce symptoms similar to general paralysis. Alcoholic disorders will often produce similar symptoms.

In making a diagnosis the previous history of the patient is of the greatest importance. Remember, also, that chronic alcoholism resembles the second stage of general paralysis in many ways, but, as a rule, there is more evident loss of recent memory in the alcoholic than in the general paralytic. We must also not forget to mention here the certain cases of multiple sclerosis and cerebral tumors, both of which show a type of disease very like general paralysis.

Convulsions of kidney disease are often mistaken for general paralysis, and in some cases of alcoholic kidney disease dementia may have been slowly coming on before the fits, and difficulty may thus arise. But if you will remember that albuminuria is rarely met with in general paralysis, the rest is easy.

I must also say here that, in my own experience, I have not found the exalted delusions which characterize general paralysis in patients suffering from alcoholism. The emotional state was one of depression rather than exaltation in all these cases.

The connection between syphilis and general paralysis deserves a few more words. Syphilis is a common cause of general paralysis, and the affinities between some cases of brain syphilis and general paralysis need no further description from me. But there is one point I do want to bring out here, and that is that in syphilitic brain disease, apart from general paralysis, we can do good by specific treatment, but in general paralysis this treatment fails.

Out of one hundred cases of general paralysis admitted to the asylum at Helsingfors, syphilis was present in seventy-seven men and four women, and was probably present in the other nineteen cases. The interval between the beginning of syphilis and the general paresis was from five to fifteen

years. Obecke, Christian and Tetige found syphilis present in ninety-six out of one hundred and thirty examined.

Disseminated sclerosis is often mistaken for general paralysis, but the peculiar staccato speech, the more jerky movements and the slow progress should be borne in mind in differentiating the two diseases.

As I have already taken up quite some of your time, I will only mention here that paralysis agitans, sunstroke and epilepsy may often give rise to a great many of the symptoms of general paralysis, but then you must remember the epileptic fits pass, leaving no paralysis, while in general paralysis the parts are paralyzed or enfeebled for some hours, or even days after; that the epileptic fit leaves the patient without mental deterioration, while in general paralysis the patient is very quiet, no matter how exalted he was before the fit.

The prognosis of general paralysis is rather unfavorable. At present we know of a very few recoveries, and those even are rather doubtful and should be viewed with suspicion. I will not say that no case of general paralysis ever ends in recovery, but it seems to me to be rather rare. What we do obtain and accomplish is to get a remission or temporary recovery, so to say, and the more acute the onset the greater the prospect and longer remission the patient seems to get, and it is very seldom that you will get more than two remissions to occur in any case.

The treatment of general paralysis may be divided into general and special.

First of all, the patient must be removed from all physical and intellectual exertions, as well as from mental excitement—you must get him away from his business. His method of life and diet must be regulated, and here the consideration will come up whether the patient can be properly treated at home, or if he should be removed to some asylum. Whether treated at home or not, the patient must be separated from his nearest relatives, and complete rest and seclusion insisted upon.

As you probably know, general paralytics can be divided into two classes—those with a quiet dementia and those who are subject to paroxysms of blind, imbecile fury and violence. These latter require safe rooms with guarded windows and doors, and protected grounds to exercise.

Specific medical treatment has made but little progress as yet in this disease. Hyoscyamine, hyoscine, hydrobromate of cicutine (obtained from conium maculatum), belladonna, cannabis, rhus, paraldehyde (insomnias), and ergotin, all have their respective places, indications and uses. Antisyphilitic treatment can be tried in some cases. Counter-irritation along the spine is of use. Tepid baths with cold sponging, and application of galvanism to the head and spinal cord, gives some results. I need not, of course, mention here the indications for chloral and the bromides, the use of which I always supersede by the administration of veratrum and physostigmine.

Our aim in this particular disease, as long as we cannot cure absolutely, is to bring around a prolonged remission. I am not in favor of

soaking such cases in iodide of potassium, and to salivate them with mercury, as I have seen cases sink rapidly under these two drugs, and I never yet saw a patient cured by the anti-syphilitic treatment.

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DISCUSSION.

Dr. Mulholland (Pennsylvania): I want to call your attention to this paper in this respect. I know it is customary to lay all these conditions to syphilis or other evil diseases that we know of, but in looking at the anatomy of these cases we will usually find that we have a sclerosis of some kind that will cause the trouble. We are crazy over syphilis at present. The thickening in the arteries goes on until there is a clot, and the clot slips along until by and by you have a case of paralysis. Others may drag along long enough to die of something else, but an autopsy will show the presence of the sclerosis.

One case that I had had spastic paralysis. He talked a great deal of foolishness about his business. I have had other cases that seemed crazy on religion, but the sclerosed condition was there. I have not had experience enough to say that echinacea is a cure in these conditions, but I do know that it will help. The fact that they have syphilis, or the family is tainted with it, may be true, but they don't all have sclerosis.

Sometimes you will have a paralysis accompanied by insanity. Sometimes you will find it where cavities are formed in both the gray and the white matter. In these cases we get very peculiar conditions, and I think we should turn our attention to internal disinfection. We have got to get away from the use of mercury, and I have had more success from internal disinfection. Sulphite of sodium is even a good deal better, but I have not had enough cases yet to say positively what the result will be, and I wish others would try it.

Dr. Horner (Iowa): I am not a neurologist, but I have had a little painful experience with this disease. I think, if I understand the title of this paper, it means the same as general paralysis. We can have paralysis of any nerve, but there is another disease that the neurologist terms general paralysis. I never saw a case until 1896, when I was attending the Dana clinic at New York. He exhibited a young man before his clinic who looked as bright as a dollar. He called our attention to several symptoms, and particularly the Argyll-Robertson pupils, and the habit of leaving out letters and words. After he was dismissed the professor said: "That man will be dead in three years." This was a surprise to me, as I had never seen anything of the kind before. My practice has been where there has been little syphilis, but I bought Dana's work, looked up the matter and in his book I note that he says it has been aptly termed a disease following syphilis, and I find that superintendents of hospitals are convinced that no one has it except they have had syphilis.

I had a very painful experience which I must not dwell on. A few years ago I lost my eldest son from paralysis. He was thirty-three years old. It is his case which makes it impossible for me to reconcile this theory of syphilis being the cause. It would be painful to admit that he had contracted syphilis. He lived a good, clean life, was married and left two nice little children. It would be hard, indeed, for us to believe that he had

this disease. He was a clerk in a store, and the first thing I noticed was his loss of memory for names. He complained of indigestion, and I thought his stomach was out of order, and did not pay much attention to it. I never dreamed of anything serious for several months, until the neighbors started to talk of erratic things he had done or said, so unlike himself. As is usual in these cases, they talk of a relative of theirs who is very rich or very talented. My son believed I was the greatest doctor in the world. All this was very unlike him, and transpired before I fully realized what was the trouble. Finally, on the 14th of June, 1905, a little thing occurred that convinced me that his mind was unbalanced, and from that time on I began to study the matter. The case I have mentioned that I saw in New York enabled me to diagnose his case. An article in the *Medical Times* about this time enabled me to deduce some other symptoms that I missed in the other case. When I had read Dana I saw there was no hope. As I understand it, there is not a case on record of a cure. I was compelled to take my son to the hospital, and we brought him home, but he was never himself again. If he had had any money he would have squandered it all. I wrote a description of his case to Max E. Witty, and he told me that of the cases coming under his observation 90 per cent. had syphilis and the others were alcoholics, and he said: "I am unable to find either of these causes in the case of your son. Some underlying condition has been the cause with him." That was gratifying in the sense of his being free from any disease of the kind, which never manifested itself.

In the first place, they get coarse and heavy, increasing in weight, paralysis showing itself around the lips. They cannot articulate well. They do not balance themselves well. Sometimes it is impossible for them to tell where they are going. They will frequently get lost right in their own neighborhood. We in general practice do not often encounter these cases.

T. D. Adlerman (closing remarks): I believe you will remember in the beginning of my paper I mentioned that owing to the limited time I would not read the entire paper, not thinking it would be necessary. Some of the points mentioned in the discussion will be found in the unread portion of the paper. Mention is made in it of the Argyll-Robertson symptoms. The doctor made a mistake. He mentioned the fact of the patient's getting lost. In the article I said that nine times out of ten when a case of this kind came to the general practitioner he took it for ordinary paralysis. A patient with neurasthenia will get lost in an open square, but put him in a crowd and he will go straight on where he started for. That is the symptom in this case. There will be periods of time when he will imagine he is a great man, and everything looks rosy to him. That is also a symptom of neurasthenia. I did mention in my article that I was not in favor of soaking my patients with iodide of potassium and mercury, but I do not think it necessary to say that all cases of insanity are due to mercury; that is going a little too far. There are few cases of insanity due entirely to mercury. There must be syphilis, alcoholism or some other cause. Dr. Mulholland has been describing cases that have nothing to do with my paper.

PREGNANCY COMPLICATED WITH TYPHOID FEVER.

J. P. Harvill, M.D., Nashville, Tenn.

This subject has more than a passing interest to me, for two reasons, viz., I practiced medicine sixteen years without observing this complication,

and the seventeenth year I had two cases which were successfully terminated.

Typhoid fever occurs with greatest relative frequency during the early months of gestation, and it is, indeed, very rare at the puerperium. With the exception of smallpox and cholera, the tendency to interruption of pregnancy is more marked with this disease than any of the infectious diseases. Abortion rather than premature labor is observed. Out of eighty-eight cases collected by Kaminski, interruption of pregnancy took place in sixty-three. One other author reports fourteen out of twenty-four, while still another reports six out of ten. This makes about 65 per cent. of interruptions with these observers.

The abortion or premature labor can be caused by either the extremely high temperatures, from the toxemia or hemorrhagic endometritis. The interruption in the early months of pregnancy is looked upon as being much more favorable; if at or near the puerperium, much less favorable.

REPORT OF CASES.

On July 12, 1907, I was called to see Mrs. H., aged nineteen, primipara, and received the following history of her case: She was about eight months advanced in pregnancy, and had taken typhoid fever twelve days previously; she had a severe diarrhea, with bowels distended and tympanitic, carrying a temperature of 102° to 105°; tongue very dry, red and pointed. Patient was sent to the hospital immediately (this being the twelfth day of the disease). She was made fairly comfortable until the fourteenth day (the second day after she came). About 8 A.M. labor began. She was having pains every forty minutes, which seemed to exhaust her very much. About 2 P.M. the pains were about twenty minutes apart and very effectual. The first stage of labor lasted about six hours. The second stage lasted forty minutes. At the end of the second stage the patient collapsed, temperature falling from 103.6° to 97°. Patient became very cyanotic—almost black over the entire body. One-twentieth grain of strychnine was given and normal salt solution, with other stimulants, and the patient soon rallied. The after-birth being delivered, the patient made an uneventful recovery. The fever broke on the twenty-first day of the disease.

One peculiarity noticed was that the child had all the symptoms of typhoid fever for seven days; bowels distended, with temperature ranging from 100° to 102°. Nothing but the mother's milk was given for nourishment. The child and mother are both living and healthy, after nearly two years.

On January 1, I was called to see Mrs. M., aged twenty-one, multipara. All the prodromal symptoms of typhoid fever were present, and the patient was four and a half months in gestation. On the sixth day the characteristic rash appeared almost all over the body. She had a typical case of typhoid fever, with the exception of being constipated throughout the course of the disease. Three or four times the patient was threatened with miscarriage. Each time this was controlled by giving fifteen drops of black haw every hour. She made a nice recovery, fever leaving on the twenty-eighth day. Patient was readmitted to hospital in May, and gave birth to a child on the 10th. The child seemed in every way a normal, healthy child, and the mother made a nice recovery.

In both these cases echinacea was my antiseptic.

THERAPEUTIC METHODS.

Lyman Watkins, M.D., Blanchester, O.

There are many therapeutic methods, and it may be conceded that there is more or less virtue in all of them, for they are based upon an innate principle of help for the sick which has prevailed since the beginning of the age. They for the most part consist in taking up some one feature of cure, and, by its elaboration, excluding all others.

Christian Science has its followers and its successes. Generally, those who are benefited have no organic lesion, but are functionally awry in the nervous system, and are those in whom mental beneficial changes can be induced through the influence of other and stronger minds. But Christian Science does not cover all the ground of psycho-therapy, for it is not only the Christian who can heal; his antithesis may do as well.

Healing by mental impression is the oldest form of practice known, and in the "most ancient of days" many were cured by supplication to birds, beasts, the heavenly constellations, and to idols.

The underlying principle of psychotherapy is suggestion, and it must be admitted that the mental attitude of the patient, if favorable, will assist in his recovery; his co-operation is of value. However, we must not forget that the patient's confidence is not always necessary. A fracture can be mended or a wound healed whatever be the mental attitude of the patient towards his physician. Faith will not heal a gun-shot wound nor delay its healing. The contagia proceed upon the established course, regardless of mental concepts.

While admitting the influence of the mind upon the body, we must not overlook the fact that bodily conditions have a correspondingly powerful effect upon the mind. A disordered stomach and liver may change the aspect of the world for the patient. A painful corn will distract the brightest intellect, and it is difficult to preserve a calm and retrospective attitude of mind when suffering from acute neuralgia.

Inherited abnormalities and acquired pathological conditions go far to influence mentality. We see this exemplified in individuals with adenoids, nasal defects, dental wrongs and visual aberrations. A correction of these troubles saves many from stupidity or criminality.

It is evident that those who become absorbed in the subject of mental impressions and their influence over the body lose sight of the equally obvious fact that bodily conditions also influence mentality.

Psychotherapy is a great science, and at times works remarkable cures, but its devotees limit their usefulness by ignoring all else in the medical armamentarium, for while we cannot eliminate the psychic element in practice, let us not overestimate.

Electrotherapy has in recent years developed a usefulness beyond expectation, and those who become expert in its manipulation are ready to assert that most human ills can be thus remedied. There is no doubt

but that the electric current, controlled by intelligence, has given amazing results in the scientific world, and it is also quite evident that some forms of bodily derangement can be relieved or cured by the judicious application of this mysterious force. We would not in any way attempt to dampen the enthusiasm of those who make what seems to be extravagant claims in regard to the therapeutic possibilities of electricity, but while granting a full measure of usefulness to this form of healing, we cannot admit that it covers the entire grounds of therapy.

Hydrotherapy, thermotherapy, mechanotherapy, osteopathy, dietetics, and all forms of drugless treatment, have their places. Serotherapy has its triumphs and Fletcher his followers. Time would fail me to discuss all the good points of these various forms of healing. They are all useful at times, and most of them, in one way and another, are taken advantage of by the general practitioner. They are, however, but parts of a complete system of medicine, and neither constitutes the whole. It is characteristic of those who become wedded to any one of these special methods of cure to regard all else as of little moment, and we frequently find that one specialist has no use for the ideas of another working along different lines.

While willing to concede virtue in drugless methods of cure, and being loth to dispense with any of them, yet we can see that a judicious combination of them all will accomplish more than either one alone, and there is really no necessity for conflict between them.

But, however excellent drugless healing may be, we cannot grant that in any or all of its forms it is sufficient for the cure of disease in its entirety. We believe there is also a place for drug therapy in the rectification of pathological conditions. The assertions that drugs are always harmful and never beneficial; that too much medicine is given; that the results of drug-giving are uncertain, largely guesswork and the product of an active imagination, do not coincide with the experience of many qualified men both of the past and present.

There is, however, some truth in all the above statements. That drugs are sometimes harmful, is true. Metchnikoff asserts that no drug was ever given that did not injure cell protoplasm. But cell protoplasm is incessantly being injured and destroyed in the body. Wherever there is function there is cell destruction, and the continued existence of the body depends not so much upon the resistance of cell protoplasm to injury as upon its power to replace that which is destroyed. Cellular death is necessary to somatic life. A dose of castor oil may destroy cell protoplasm, but the resulting good far overcomes the harm done. The surgeon destroys cell protoplasm very largely at times, but the saving of the patient's life by such destruction justifies the operation. So if drugs do temporarily injure or even destroy cell protoplasm, the benefits accruing more than compensate. Metchnikoff's claims are a myth. He could just as well truly have said that every morsel of food taken into the stomach destroys cell protoplasm.

In regard to the second proposition, we are willing to agree that too

much medicine has been given, is being taken. Perhaps too much is administered by physicians, and it is a fact that the public generally takes too much medicine. The fortunes piled up by patent medicine fakers are sufficient evidence of this.

Much of the medical nihilism of to-day is due to the indiscriminate use of drugs without judgment or reason. The assertion that drug medication is harmful and the results largely imaginary, is no doubt true in many instances. Uncertain and careless medication can never be anything else. We fully understand and sympathize with the physician who leaves his alma mater without a knowledge of drug medication. He is like an infant crying in the dark, lost and helpless in trying situations. This confusion and lack of resource is due to the absence of a therapeutic education, and medical nihilism will prevail until intelligent teaching dissipates it.

In the ranks of those who have been taught therapy in Eclectic schools there is a notable absence of perplexity and uncertainty in regard to drug action. The underlying principle of all science—namely, that, other things being equal, like results follow like causes—is the foundation of specific medication, and, this being true, we have a scientific groundwork that places drug therapeutics upon a solid basis. Uncertainty vanishes and the results are sure, effective and entirely independent of the imagination.

The present confusion in some directions in regard to drug therapeutics need not exist, does not hold, when the matter is fully understood. But study and observation are necessary, and, in addition, reliable remedies are essential. With an understanding of the principles of specific medication and with dependable drugs the study and uses of medicine is a most comfortable occupation—effective and even at times fascinating. What profound satisfaction and elation it gives us to see the forces of disease retire before skilled medication! With what content and confidence we await the recovery of our patient, and how pleasant the results! It is gratifying to observe the efficacy of our drugs in those racked with pain, in the sufferer shaken with fever and in the depressed and troubled.

The man of medicine goes on his way quietly, without ostentation, carrying comfort and healing with him; easing pain, subduing fever, and saving life, a blessing to his community; willingly giving up his own plans and pleasures and unselfishly devoting his life to his profession. How can it be said of him that he does more harm than good, and that his results are largely imaginary? The good following proper use of remedies cannot be overestimated.

First, let the narrow-minded and self-conceited nihilist excel the general practitioner in cures and good works. Let him sit by the bedside and bring ease to the agonized sufferer. Let him quiet the restless and subdue the raging fever. Let him safely pilot through the breakers his cases of typhoid, of pneumonia, of the contagia. Let him show us thousands of cases restored to health without medicine. Then we will be ready to subscribe to his creed.

To administer remedies aright requires study and discrimination. Once learned, however, we are as secure upon our premises as are those whose trust is based upon any fundamental law. The confidence with which we can approach disease cannot be excelled. We know what to do and how to do it. The very spirit of the undertaking inspires confidence in our patients. Our remedies, with their indications well learned, become instruments of precision in our hands, and we can be as accurate with them as the marksman with his rifle or the workman with his dies. True, there is much to learn, but we have already learned enough to know that nothing can surpass direct medication in the cure of disease; also that indications once learned do not change and can be relied upon. We feel at home with our remedies, do not doubt them, do not fear them, and can accomplish results with them. We have many drugs already established and are adding to them others. This is a large field, and will require years of investigation, but it is a pleasant and profitable pursuit.

The individual who attempts to practice medicine while declaring that medicines are useless and harmful has no right to append M.D. to his name. He is a fraud and is sailing under false colors. He is not a doctor of medicine, and should not attempt to conceal himself under the panoply of the profession. A physician's practice would be limited if it were generally understood that he gave no medicine.

The practice of medicine would be a barren and unproductive field with medicine eliminated. Then let those who decry the efficacy of drugs go their way. Let them turn from the bright and flowery path of medication and wander in the desert of nihilism. But never will the true Eclectic abandon his materia medica for the bleak and inhospitable sands of hopeless agnosticism.

DISCUSSION.

F. W. Abbott (Massachusetts): It is worth much to listen to a paper like this. This doctor has spoken in no uncertain terms upon one of the most important subjects that can engage the attention of the Eclectic branch of medicine. Like him, I have no patience with the practitioner of medicine who has no faith in drugs, and my only excuse for him is that he knows nothing about them. The country is full of men who say give me this and that (naming about five drugs) and you may have all the rest. The difference between these men and the one who practices true specific medicine is that they have given about three minutes' study to the matter while the other man has studied for eighteen hours of the twenty-four. We are going into print as saying that for every deviation from the normal state of health there is a specific remedy. I believe in that thoroughly (traumatism excepted), but it must be based upon a specific dosage. This Association is to be complimented on having within its ranks a man capable of giving such facts so well couched as those of Prof. Watkins, an article which sounds well when read and which will seem even better when we read it and study over it at home in our offices. I think it is one of the best papers I have heard. There is thought there. I congratulate you upon having listened to this paper.

ACUTE GASTRO-ENTERIC INFECTION.

Wm. J. Pollock, M.D., Chicago, Ill.

In looking over the history of this disease and that of the other diarrheal troubles of children, it is interesting to note the great variation in terminology employed at different periods and by the different authors at the same period in the history.

Probably the explanation of this great variation is that most of the names employed have been unsatisfactory, and the profession have been looking for something that will better fit the conditions.

For many years the whole class of diarrheal troubles were placed in one great class and called summer diarrheas. This was unsatisfactory, because, as a matter of fact, these troubles were not limited to the summer season, and because there are many conditions or diseases of seemingly different etiology, pathology and symptoms grouped under this general heading.

Then followed the classification of the diseases according to the anatomical lesions, and this was soon found to be confusing, for many varied lesions were found to be associated with the same clinical symptoms, and the only way to differentiate many of the divisions of that time was to hold an autopsy, and as this was of no particular benefit to any one but the pathologist some other classification was looked for.

A little later Vaughn, of Ann Arbor, proposed to classify all these affections as milk infections, on account of so large a number of them being caused by impure or infected milk. So far as this particular disease is concerned, there is perhaps ample reasons for so doing, but even then there are some cases that other foods are the cause as well as the milk, and there are undoubtedly cases where the food when taken by the child was pure and the condition of the digestive tract was the cause of the trouble, so that this classification will not hold good in all cases.

Then the bacteriologist comes along and says, "Let me find the exciting cause of this disease as some one of the many bacteria that we know must abound in the intestinal tract," and so investigations have been made along the lines of bacteriology since about 1885 to the present day, with the result that no bacteria have been isolated that are accepted as the cause of this disease.

Among the earlier bacteriologists Escherich is given credit for the isolation of the bacterium coli commune in 1886, and also the bacterium lactis aerogenes the same year. The latter is found in the discharges from the bowels in nearly all the severe cases of cholera infantum and in other diarrheal troubles of milk-fed children.

Booker isolated seven varieties of bacteria that all resemble the coli commune, but all have distinct characteristics not common to the colon bacilli.

In 1902 Duval and Bassett, working in a sanitarium in Baltimore,

were able to demonstrate the presence of the Shiga bacillus in the stools of children suffering from diarrheal troubles. This bacillus was isolated by Shiga, the Japanese investigator, and is the accepted exciting cause of bacillary dysentery; and while it has been found in many of the clinical types of diarrhea, it is most commonly present in those resembling most the dysentery, or those having blood or mucus in the stools.

The streptococci have been demonstrated in many of the cases, and some of the German investigators have contended that there is a distinct type of diarrhea which they are pleased to call streptococcic enteritis, but this has not been recognized by American clinicians.

Time would not permit nor does it seem advisable to go into the description of the different bacteria found in the stools in the diarrheal troubles, but it seems sufficient to say that the investigations that are being made may at some future time enable us to better classify these diseases.

The names under which this disease has been described, from its early history to the present, are summer diarrhea (then including all the diarrheas of children), acute gastro-intestinal catarrh, gastro-enteritis, cholera infantum, acute milk infection, and acute gastro-enteric infection.

ETIOLOGY.

Probably the most generally active cause of this disease is the food. A mere excess of food is often sufficient to derange digestion and cause intestinal irritation. Overfeeding is also harmful, because it furnishes favorable conditions for the growth of bacteria and to cause fermentative processes to develop in the intestinal tract.

Artificial feeding is another factor that plays an important part in the etiology of the disease. One of the hardest problems that the physician has to solve in general practice is (*a*) the proper food for each child that must be fed artificially; (*b*) the proper proportions to use; (*c*) the proper instructions as to the preparation of the food and the knowledge that these instructions are carefully followed. - It is a well known fact that about 90 per cent. of the cases are with the ones that are fed on the artificial foods.

The quality of the food is of the highest importance, and while there is marked improvement in the way that the dairy is managed, and improvement in keeping and transporting milk, yet there is still plenty of room for greater improvement.

Leaving the question open as to the advisability of pasteurization or sterilization of milk, we must admit that milk may contain toxins that are present before pasteurization takes place, and if that be the case then they would not be affected at all by that process.

Pasteurization cannot be relied upon to destroy all the germs that may be in the milk, and bacterial multiplication may be as great or even greater in the milk that has been treated to that process as in the raw milk.

The safety in milk feeding, then, lies in the careful supervision of the dairies, handling the milk in the cleanest possible manner, and the prompt delivery at the home and the prompt refrigeration after its delivery there.

There are other foods that will give trouble as well as milk, and the same care must be exercised with them as with the milk.

Next to the foods as an etiological factor is that of temperature. Most cases occur during the hot summer months, and the greatest number during the month of July. The hot months are the ones when it is most difficult to properly keep the foods, and at the same time the heat is so oppressive that the child's digestive powers are not as great as in the cooler weather. The child is also rendered more susceptible by the free action of the skin and the sudden cooling or chilling at night.

Age.—The age at which the greatest number of cases occur is between the sixth and the twentieth months.

Much difference of opinion is expressed in regard to the effect that dentition has on digestion. There is little doubt in my mind that the reflex disturbances, the increased secretions, the fever that often accompanies dentition, are sources of disturbance to the digestion and in that way predispose one to this disease.

Hygienic Conditions and Environment.—There is no doubt that those that live in the congested districts of the large cities and those that pay little or no attention to cleanliness and pure air are very much more susceptible than those that take advantage of the opposite conditions.

Institutional epidemics are not uncommon, and the utmost care must be taken in the care of these little ones at such times, so that the infection does not spread throughout the whole institution.

PATHOLOGY.

There is extreme emaciation of the body affecting the muscles and fat, the fontanelles are depressed, the eyes sunken, the elasticity of the skin is gradually lost, and the skin hangs in loose folds. The body resembles that of one in the advanced stages of tuberculosis.

For the severity of the disease the changes in the gastro-intestinal tract are surprisingly mild. There is congestion of the mucous membrane of the stomach and the small intestine, with, in some of the cases, small hemorrhagic spots. The solitary glands and Peyer's patches are swollen, and the center is often pale and signs of degeneration may be found. In some cases necrosis and sloughing has taken place, and an ulcer is left. In some of the cases the mucous membrane of the intestine is very pale and has a "washed-out" appearance.

Bacteria are found in the superficial layers of the mucous membrane and in the glandular structure. The small blood-vessels are usually distended, and an exudation of leukocytes often takes place. In rare cases a general septicemia is present, due to the streptococcus most frequently.

Lesions in other organs are not frequent, owing to the rapid progress

of the disease, but broncho-pneumonia may be present, and in some few cases acute degenerative changes are found in the kidney, the liver and the nerve centers. These are generally due to the circulation in the blood of the toxins from the intestines.

SYMPTOMS.

The two cardinal symptoms of this disease are (*a*) vomiting, (*b*) diarrhea. In some cases the first evidence of this infection is fever. The temperature may be as high as 103° to 105°; intense thirst is the rule, and a complete loss of appetite. The infant will refuse the bottle, and if forced to take it will soon vomit. The vomitus consists of curds, liquids, mucus and bile. Vomiting is often so severe that the child will not be able to keep even water on the stomach. The curds have an extremely sour smell. The stools are large and watery; at first they are pale green, or yellow and offensive, and later lose their color and odor and consist almost entirely of serum. The number of stools may vary from ten to fifty or more in the twenty-four hours. They are at the first acid in reaction and later become alkaline, and a microscopical examination of them reveals numerous bacteria and shreds of epithelium.

The tongue is coated at first, and later becomes dry and red. The urine is scanty and in some few cases suppressed. The abdomen is distended with gas and tender on palpation. Emaciation is extreme, and the skin soon loses its elasticity and is cold and covered with a cold perspiration. The axillary temperature soon becomes sub-normal, even though the rectal temperature may be 101° to 102° F.

At the first the child is restless and fretful and cries constantly, but as the disease progresses this gives way to a semi-comatose condition, the child lying with its eyes half-open, breathing rapidly and at times irregularly, with very little evidence of vitality. The fontanelles are sunken, the eyes sunken, the features drawn and pinched, and the skin often of a greenish tinge.

One who has seen a few of these cases has seen a picture that he can never forget. Convulsions may occur or a condition of tetany may develop. The temperature may become extremely high before death, 106° to 108° F., or, on the other hand, when recovery is about to begin the temperature comes to about normal, the vomiting ceases, the stools become less frequent and of a more normal consistency and color. Convalescence is usually slow.

PROGNOSIS.

The prognosis depends on the infant, its surroundings, the amount and the severity of infection, and the length of the illness. An infant with good vitality, given good care and proper attention to hygiene and the proper medication, certainly should stand a good chance to get well.

The mortality has always been exceedingly high, and that fact alone has at times seemed to relax the effort to save these little ones, but you must bear in mind that as long as there is life there is hope, and that no

effort must be spared as long as there is a breath of life in your little patient.

TREATMENT.

No disease with which we have to deal demands more prompt, thorough and active treatment than does this disease.

It is of the utmost importance that we have a competent attendant to care for our patient and to follow the instructions given to the letter, and to be able to recognize any changes that may take place and notify the attending physician of such change promptly.

There is probably no one thing in the treatment that demands greater attention than the diet and its proper regulation. If the infant is breast-fed, then discontinue the use of the breast for at least twenty-four hours and substitute for that small quantities of toast coffee, with perhaps a few drops of the best brandy added to it. There is not so much danger of starving your patient as there is of allowing the anxious parents to allow it to take foods that will only increase the trouble, and instead of being digested will either increase the vomiting or lay in the stomach until fermentation and decomposition take place, and then the absorption of the toxic materials by the already poisoned infant. Then after the acute symptoms have subsided the return to the breast milk must be gradual, and if the symptoms again develop we may be compelled to stop giving the breast milk entirely and supply some artificial food.

If the child is bottle fed then stop the food whatever it is. I say this because so many say to stop the cow's milk, but it makes little difference to me whether it is cow's milk or some of the artificial foods that is causing the trouble; it is necessary to give the stomach a rest and get it cleaned out before any food will do any good.

I use a toast coffee with these little ones in the beginning, the same as I do with those that were breast fed, and after the acute symptoms have subsided I give very small quantities of rice water, barley water, albumen water, or some dilute beef juice. Any of these must be given in very small quantities, and then as the patient gets so that it can take some of the foods great care must be exercised not to make them too strong, and it is much better to begin with giving one-half to one ounce at a feeding than it is to feed the usual quantity that is given to a well child of the same age. Then the stools must be carefully watched and as the patient appears to digest the food well the quantity may be increased slowly.

Hygienic treatment consists of bathing the child often enough to keep it clean and to see that it is clothed in clean clothing, and that the napkins are changed as soon as soiled and are washed and dried away from the room where the child is kept.

The child must be protected from the sudden changes of the temperature, and yet when it is possible to have it in the open air without being exposed to the hot sun or to the chilling winds it is advisable to do so.

The child will do best if kept where the temperature is between 65° and 70° F., or as near that as possible.

Clearing the intestinal tract is the next thing of importance. Usually the stomach is cleared by the vomiting, and yet there are some cases where particles are still being vomited and where it is advisable to wash out the stomach with a weak salt solution and use a No. 10 catheter for the stomach-tube. It is best to use about one quart of the solution for one washing, and the temperature of the solution should be 100° to 103° F. Usually one washing is sufficient, and unless urgent symptoms of gastric fermentation be present I would not repeat the process.

Some cases do well by giving a good dose of castor oil to help cleanse the gastro-intestinal tract, and then follow soon with a thorough irrigation of the bowel. One irrigation will not be sufficient, and after the first irrigation I usually leave orders to have this repeated two or three times daily as the case requires. I have found that unless you have a trained attendant it is best to do the first irrigation yourself, so that the attendant may see how you wish it done.

The vomiting is one of the troublesome symptoms, and demands our early attention. If there is the elongated, pointed tongue, with the reddened tip and edges indicating gastric irritation, then we have several remedies that give excellent results, with perhaps slight variation in the indication. Of these specific ipecac, m. 1-15 to 1-10, or acidi hydrocyanic dil. m. 1-10, or bismuth subnitrate gr. 5, or the lac. bismuth m. 5, every hour to a child six months to one year old, will give excellent results.

I think that I hear some one saying to themselves that they stop all these cases of vomiting with the use of small and frequent doses of calomel. Well, perhaps you can, but if you can then either you are a genius or the drug mentioned has more extensive powers than any in our whole materia medica, for we have yet to find any one remedy that will stop all cases of vomiting from all causes and under all conditions.

If there are a few cases where calomel will do the work every time then I would be glad to learn the particular indications for its use and the particular conditions that must be present for it to do the work well.

The vomiting from nervous irritability is best controlled by rhus tox., where the mucous membranes of the mouth, and especially the tongue, are red and the papilla prominent.

The other remedies which we use to control vomiting are not usually indicated in this disease, but if the indications be present for any one of them then do not hesitate to use the one indicated.

The temperature is best controlled by the use of the sponge bath of water three parts and alcohol one part, and by irrigation of the bowels with a normal salt solution at a temperature of from 90° to 98° F., and by the use of minute doses of aconite, which will aid in controlling the circulation.

There is no remedy in our whole materia medica which is so often indicated in this disease as belladonna or its alkaloid. We have the dull,

expressionless face; the dilated, immobile pupils; impaired capillary circulation to the skin, cold extremities, and engorgement of the capillary circulation of the intestines. Small doses of atropine or belladonna will equalize the circulation in these conditions as no other remedy can do; send the blood to the capillaries of the skin and give it a warm glow and relieve the congestion of the internal organs.

After the intestinal tract is cleared of the offending material the diarrhea can soon be relieved by the use of glyconda m. 1 to 3, or the syrup rhei et potassi comp. m. 5 to 10, associated with lac. bismuth and aquæ cinnamon.

Intestinal antiseptics are usually indicated at some time during the attack, and the ones that are most commonly useful and indicated are small doses of the sulphocarbolates of zinc or soda, or sodium sulphite. These are indicated by the broad pallid tongue, with white or dirty-white, pasty coating; pallid mucous membranes, fetor, fermentative and putrefactive processes.

Stimulation is usually necessary at some period of this disease, and I have found that the ones that give me the best service with little children have been small doses of the best brandy and the use of normal salt solution per rectum, and in the extreme cases the use of the normal salt solution by hypodermoclysis. It is well to bear in mind that stimulation should be used only when indicated in order to obtain the best results.

The severe colicky pains in the umbilical, iliac and hypogastric regions are best controlled by the use of small doses of colocynth. Where the colicky pains are of spasmodic character and the pains are more diffuse, with tenderness on pressure, then dioscorea will be of more benefit than colocynth.

Where the stools are very watery and of a greenish color, then the arsenite of copper, gr. 1-100 to 1-150 every two hours, will give relief.

Please bear in mind that this disease does not at all times present the very same symptoms, and that you will not expect to treat all of the cases exactly the same, but treat the conditions present in each individual case.

SUMMARY.

1. Look well to the cause of the disease in each individual case, and remove it as soon as possible.

2. The cardinal symptoms are vomiting, diarrhea and extreme prostration.

3. The pathology is that commonly found in acute catarrhal inflammations of the mucous membranes of the stomach and small intestines, except that the symptoms are much more severe than we would naturally expect with the same degree of pathological change.

4. The treatment must be active, earnest and energetic, and will consist largely of: (*a*) Stopping all foods for at least twenty-four hours, or until the gastro-intestinal tract has been cleansed and the vomiting stopped;

(*b*) proper hygienic conditions established; (*c*) a proper diet established for each individual case (which will require great skill on the part of the physician); (*d*) a careful application of remedies to the conditions found in each individual case. It is a good rule to prescribe only such remedies as you are positive are indicated from the conditions that you find present and not because you are able to call the disease by any particular name.

DISCUSSION.

O. C. BAIRD (Kansas): I think in giving the sulphocarbolates to a child the results would be doubtful. In these cases the food is the important point. You should feed him nothing until you can see the vomiting stopped. If he starves to death—well, he may as well die that way as of vomiting. I would give, until I find it does not agree, 1 to 20 of "Eagle brand" condensed milk. I would give rhus tox. for the red, pointed tongue condition. I would never give calomel to a baby of that age. I would not think of giving the sulphocarbolates.

W. N. MUNDY (Ohio): This subject is so big I do not desire to start on it for five minutes only, but I have heard so much about the "Eagle brand" of condensed milk that I do want to say something about that. It is the very worst diet for a baby. When you feed a baby condensed milk, as a diet, they will never withstand an attack of gastric infection. It lacks all the elements that make up muscle. Your babies may get fat on it, they may look beautiful to the mother and to you, but they have no color and no real strength. It lacks the live elements. There is no food that is as good as modified milk. The only food to make the right kind of a baby is strength-giving food, and the way to avoid gastric infections is to give food which will prevent them, and watch it throughout the whole second summer and you will have less gastro-enteritis.

O. C. BAIRD (Kansas): I would not speak as confidently as I have if I had not had babies on every kind of food and put them on "Eagle brand" condensed milk to save them from starving. It is simply, as I said to an Eskay's Food man who came into my office the other day, "you have the best food on the market because there is nothing in it." You dilute it 1 to 20 and you have nothing. Your baby will get better because he is not getting anything to irritate his stomach. It is mostly water.

DR. MCDONALD (Chicago): I think the greatest objection to feeding cow's milk is, it is given too straight. Every one who has studied the question must understand that cow's milk lacks many elements necessary to the growth of the child which the mother furnishes through her breast and until such time as we can give to cow's milk the elements it lacks we have a poor substitute for the mother's milk. It matters little, I think what form of food we use, if we only give it diluted enough so that we only get a very small amount of it in the stomach at a time.

There is one thing I would like to say in regard to the doctor's statement as to the giving of calomel. You must select your cases in giving calomel. I do not think calomel is so very much use in the early stages. There are three organs that are attacked: First, the stomach, then the small intestines, and as soon as the sympathetic nervous system is involved we have to furnish the protection in the shape of warmth, and in giving calomel at that stage if you give it in one-twentieth of a grain the use of it acts on the red blood corpuscles and is the best remedy you can give.

F. J. NIFER (Indiana): I always select my cases to give calomel, but I have never yet had a case suitable to give it to. So far as "Eagle brand"

of condensed milk is concerned, I have had experience with it that I would not have again. A friend with whom I frequently consult and I have had many a cross on this point. He is bound to give "Eagle brand" milk and I fight it. In one case I fought it hard and he gave in finally. The child had had convulsions. They sent for the doctor and he said, "Give opium and condensed milk." I said, "Doctor, you may take the case." He did, gave opium and condensed milk. The child died.

Dr. Strong (Wisconsin): While it might be of some interest to you to know of some cases of gastro-enteritis brought into Cook County Hospital, I will merely say this much—they are usually poor, and when we come to inquire as to the food used it is usually "Eagle brand" condensed milk, and we know certainly that it is the cause of the most if not all of the cases of gastro-intestinal troubles. I think the doctor has taken up the details very thoroughly. I did not hear the first part of his paper, but I would like to know his indications for the use of these drugs.

J. M. Mulholland (Pennsylvania): I would like to say that I cannot see what good any medicine is going to do infants in this class of troubles. So far as I know, it is a wrong of feeding, air and water, and furnishing these properly it will get better. I have used medicine where I could not get these, but if I am situated where I can get them away into the open country I use water freely, injecting them with water. When I do use medicine it is usually bicarbonate of sodium, or something like that. Bismuth is a dangerous remedy to give to a child. All the books recommend it, but my experience has been such that I have quit it. I have heard a good deal of gelsemium and aconite to-night, and the essayist has gone into an exhaustive paper on the subject, but we do better to remember that it is a wrong of food, air and water more than anything else. Get the child away to the farm to have the milk before it has been shipped and the well water of the farm and it will get better.

Dr. Henry (Milwaukee): I have had a good many cases among foreigners. I have given gelsemium to some, but have never had any results. I have given specific tincture and normal tincture, but have never got results.

W. J. Pollock (closing remarks): One gentleman asked about echinacea. The little tablets are supposed to be a simple concentration of echinacea, one tablet equaling ten minims of the fluid extract. These can be dissolved and given in solution very nicely. I can give them where I cannot give the same sized dose of the tincture.

One doctor spoke of the sulphocarbolates. I believe we find indications for them in children as well as in adults. We must be careful of the dosage. Use very small doses for little children.

The stopping of vomiting is an important thing. I think I spoke of that and gave the indications that are commonly called for. The doctor is mistaken about my giving calomel for vomiting. I have only given it three times and had some bad results every time. I do not lay them to the calomel, but that is all I have used.

As to condensed milk, I believe in Chicago there is no other one thing which causes so much gastro-intestinal trouble as this. I certainly would not start in to feed my children with it. As far as the other foods are concerned, detail men come into my office and tell me their foods are the best. I tell them I do not believe they have any food that will absolutely agree with all children. I am positive of them.

One doctor spoke of bismuth. I have yet to find my first case where I will get bad results. I clean out the intestinal tract and then give bismuth. I do not use the bismuth on the food already in the bowel. Pick out the remedies you have that will fit the conditions present and give them. We

cannot feed them all alike, but we must give them the food that agrees with them best. Do not make it too strong. I think it is a good thing not to give any food for twenty-four hours, and if you have not stopped the vomiting by that time withhold it longer.

SURGICAL TECHNIQUE ABROAD.

H. H. Helbing, M.D., St. Louis, Mo.

I did not purpose in going abroad to take a post-graduate course in any special line of work, but merely to observe some of the work done by representative surgeons of Europe, which was highly interesting as well as instructive.

The first hospital visited for observation was St. Thomas, of London, just across the River Thames from the Houses of Parliament. It is one of the largest, if not the largest, hospital in London, and one of the most modern. Mr. Ballance and Mr. Battle were operating simultaneously in adjoining rooms of the hospital, these rooms being modern in every respect and perfectly aseptic. I observed that operator or assistants did not remove shirts or trousers before donning operating gowns. The operator and two assistants wore rubber gloves.

The first operation was a nephropexy by Mr. Battle. He made an incision four to five inches in length in the right lumbar region. He split the capsule, and for purposes of anchoring the kidney stitched the edges of the capsule to the fascia of the lumbar region with silk. Time consumed, fifteen minutes.

The next operation by Mr. Battle was an amputation of a foot, rendered necessary by tuberculosis. The knee of this limb had been previously resected. The boy was about twelve years old.

Mr. Battle now did two hernia operations of the oblique inguinal type. He adopts the Bassini method, ligating the sac with silk and transfixing the stump in the internal abdominal ring. It required a half-hour for each operation. Mr. Ballance did two or three hernia operations, resorting to identically the same method. The operating-rooms were adjoining one another, separated only by a glass door, so that both operators could be watched easily.

Mr. Ballance did a Whitehead operation for hemorrhoids, removing about an inch of the lower mucous membrane of the rectum. Before beginning this operation I was amused by watching the assistants trying to adjust the stirrups to the operating-table. They got them reversed, and they adjusted and readjusted, and tried to fit the patient's legs to them in various ways, and finally gave up in despair, discarded them and held his legs.

The next place where we made observations was at Bonn, Germany, at the Frederickwilhelmstift Hospital, where the surgeon did an appendectomy. He made his incision one inch to the right of the median line, raised the skin from the fascia, then made an incision through the fascia

one inch to the right of the incision through the skin; next he separated the muscular fibers by blunt dissection. He brought the appendix up, made an incision through the parietal peritoneum surrounding the base of the appendix, ligated at this point with silk, amputated it, cauterized with carbolic acid, then proceeded to cover the stump of the appendix with surrounding peritoneum, using silk for this purpose. He then put in a drain and closed around it with silk and wire. Time consumed, forty-five minutes. A young American doctor told me they had been doing Cæsarean section by the extraperitoneal method at this hospital, as well as at some other hospitals in Germany. I was just two days too late to witness an operation of this character. This method is accomplished by going through the abdominal wall just above the pubic bone, utilizing a transverse incision for this purpose. The peritoneum, at the point where it is reflected from the abdominal wall on to the bladder, is pushed upward until the anterior wall of the uterus is exposed, when the operation proceeds as an ordinary Cæsarean section. I was informed that the transverse incision for most abdominal work was a favorite of many European surgeons.

At the Frauenklinique in Bonn I saw Dr. Ambrose, assistant to Geheimrat Fritsch, do a vaginal hysterectomy. He used about thirty ligatures, fifteen on either broad ligament, of No. 4 catgut, so that by the time he finished he had two ropes hanging out of the vagina. He proceeded with the operation by placing a ligature, then cutting up as far as that ligation, when he passed the next ligature, and so on. He did not examine the tubes or ovaries either digitally or by inspection, but removed the uterus only. He said they seldom removed the uterine appendages when removing the uterus, seeming to think that if any wrong existed in the appendages that it would subside when the cause, the diseased uterus, was enucleated.

The next place of observation was Berlin. Here we saw more famous operators than at any other city which we visited on our tour. The first place we visited was the Charité Hospital. Here we saw Prof. Bumm's assistant do an Alexander operation, by shortening the round ligament and stitching it to the fascia of the inguinal canal. I was especially interested in this case, because the operation was done under spinal anesthesia. The anesthetic used was tropacocaine solution, about thirty drops of a 2 per cent. solution. This operation was done without the slightest apparent distress to the patient.

A celiotomy was now done by the same operator, using the same anesthetic. Here is where I first saw the transverse incision used in the abdomen. A tubo-ovarian cyst was removed, the stump was covered with adjoining peritoneum, after cauterizing with an actual cautery. He then drew the round ligament through the overlying parietal peritoneum, so that the ligament rested against the muscles of the abdominal wall. He passed silk sutures through muscle and ligament, then catgut through peritoneum and ligament. He then removed a diseased tube of the opposite

side, leaving the ovary after rupturing several cysts over its surface. He then proceeded to fasten the round ligament in like manner as he had done on the opposite side. Before he had finished this work the patient was complaining so much that chloroform was resorted to, using an oxygen tank and patent apparatus for administering it. He closed the abdomen by using catgut for the peritoneum and muscle, silk for the fascia and wire for the skin. I should have been more explicit in describing the abdominal incision. The transverse incision is only through the skin, using the median incision for fascia and blunt dissection of muscles.

I next visited Dr. Dührssen at his private hospital, and saw him operate on a case of ectopic gestation. He opened the abdomen by a transverse incision through skin and fascia, and a median separation of muscular tissue by blunt dissection. The gestation sac was about three inches in diameter. He enucleated this with the entire tube, as well as the opposite tube, and left the ovaries, which appeared to be cystic. He now opened the uterus through the uterine cornua and curetted, after which he closed this opening and covered it over with broad ligament. He did a ventro-fixation by passing catgut through the fascia, muscle and peritoneum at a convenient point, so as to overlie the fundus of the uterus, through which the suture is now passed; it is then brought out through the peritoneum, muscle and fascia. Another suture is passed in like manner, after which they are tied. These two sutures are to be buried underneath the skin. The abdomen was closed with catgut through all the layers of tissue, a continuous suture being used. I noticed that while the operator wore rubber gloves and took antiseptic precautions, he did not attend to aseptic care of his person, for though his face was dripping with perspiration, yet none of his assistants once wiped his face. The preparation of the patient was done in the operating-room, including shaving and other preparation, and just previous to the operation. This was not only done on the ectopic case, but also others that I saw, so it was not due to the exigencies of this particular case. This preparation was done after the patient was anesthetized. Dr. Dührssen's operating-room was not modern, there being no skylight, only side windows. It seemed to be an old residence that had been converted into a hospital. One thing I noticed, that I had not seen in other hospitals, were minute glasses, constructed on the same principle as hour-glasses, by which each one must time the washing of his hands.

The next case operated on was one of malignancy affecting the ovary. The tumor was four inches in diameter, in a patient fifty-five years of age. In this case he used a median incision and did a pan-hysterectomy, as he does in all malignant growths of the appendages. One of the most interesting cases I saw him operate on was a vaginal section and removal of a small fibroid from the anterior wall of the uterus. An incision was first made transversely in the anterior vaginal wall about one inch anterior to the cervical outlet and one inch in length. He then made an incision extending from the center of this transverse cut anteriorly to near the

meatus urinarius; he lifted up these two flaps laterally from the underlying tissue, pushed up the bladder from the anterior surface of the uterus, entering the peritoneal cavity. He then enucleated the fibroid, examined the tubes and ovaries, the uterus being held downward and forward by a guy rope of catgut passed through the fundus. I should have said that in addition to the fibroid there existed a cystocele and uterine prolapse. To overcome these latter conditions a silkworm-gut suture was passed through the vaginal wall to the right of the horizontal incision, then through the anterior wall of the uterus as high as he could reach, and brought it out through the vaginal wall to the left side of the vaginal incision. This was left without tying for the present. The opening through the peritoneum is now closed with fine catgut, the silkworm-gut suture is tied, and the incision in the vaginal wall is finally closed after dissecting off a portion of the flaps on either side so as to render more tense the anterior vaginal wall. The ends of the silkworm-gut are left long so that they will not irritate the vaginal wall and may be more readily removed later.

He did a perineorrhaphy on this patient also, his method being as follows: He grasped the posterior vaginal wall with a hemostat at the superior point of the intended incision. He also put hemostats on the lateral wall of the vaginal outlet on a line with the carunculæ, and at the posterior commissure. Assistants produce tension on these forceps while he made an incision along the posterior vaginal wall from the upper forcep to the one at the posterior commissure, dissecting these flaps laterally until detached as far as the lateral forceps. A buried suture of catgut was now used to bring the tissues at the bottom of the wound in apposition, continuing to close in until the flaps at their bases are reached, when these are trimmed off so they will approximate nicely, when catgut is used to bring them together. The operation is completed by bringing the edges of the skin together along the median line of the perineum. Continuous sutures were used throughout. Dr. Dührssen was the originator of vaginal Cæsarean section, which I would very much have liked to see him do, but no opportunity offered.

The next surgeon-gynecologist I had the pleasure of seeing in his workshop was Prof. Mackenrodt. In contrast to Dr. Dührssen's hospital, his private hospital, recently completed, was a model of neatness, and I might say grandeur. It was of fire-proof construction, marble wainscoating and stairways, mosaic floors, etc. He had two operating-rooms, or rather one room for operations and the other for obstetrical work, both fully equipped for work. Instrument-cases were built in the walls. Adjoining these rooms was a microscopical room. The first operation we saw was the removal of a fibro-cystic uterine growth. The macroscopical appearance of the growth caused the operator to suspect malignancy, so he had his microscopist examine it to determine if a hysterectomy were necessary; finding it non-malignant, he proceeded to do a myomectomy. It required twenty-five deep and superficial sutures in the uterine wall to close the incision and control the hemorrhage from the uterus. Under the influence of mas-

sage the uterus contracted and assisted materially in checking the bleeding. The interrupted sutures in the uterine wall were not tied until a certain amount of involution had taken place. The abdomen was closed with catgut in the peritoneum and muscle, buried silk in the fascia, continuous silk in the skin. Dr. Mackenrodt uses scopolamine hypodermically previously to the chloroform.

The next case was one of amputation of the cervix and vaginal fixation, the latter differing but little from the operation done by Dührssen. It differed only in that several catgut sutures were used instead of the one silkworm-gut. I observed that Dr. Mackenrodt scrubbed and shaved his patients in the operating-room after the patient was anesthetized.

The doctor was so friendly, and insisted that I return the next day to witness some more work, that I gladly consented. The patient operated on was twenty-five years old, who had multiple fibroids. Myomectomy was performed, cysts of the ovary ruptured without ligatures to control hemorrhage. This was done with sutures skillfully placed. The doctor uses fine silk in closing the fascia of the abdomen. Further observations in the operating-room revealed an operating-table of his own design. The top of the table was composed of hollow metal compartments, nickel-plated, so constructed that they may be filled with hot water, so that the patient is not compelled to lie on a cold surface just after being taken from a warm bed. The needle-holder he uses has no lock, but is handed to him by a lady assistant who threads the needle and places it in the holder. I also saw him do a laparotomy for the removal of a double hydrosalpinx, in which he left the ovaries, and an appendectomy which did not differ materially from the technique already described, so I will not take time to describe them.

The last operation we witnessed was at Paris in Dr. Doyen's private hospital by himself. This was a uterine fibroid, in which he did a panhysterectomy. A median incision was made through the abdominal wall, after which he placed two self-retaining retractors of his own invention *in situ,* one at the upper end of the incision, the other at the lower end, held down by a contrivance which fit between the legs. The uterus and fibroid were brought forcibly out through the abdominal wound and down over the pubic region, clamps were placed on the broad ligaments, and incisions quickly severed its attachment on either side. It seemed that only about ten minutes were consumed in progressing thus far with the operation. Silk ligatures were now placed and clamps removed. He now placed three glass drainage-tubes through the vagina into the peritoneal cavity and stitched the peritoneal layers, that had been dissected off the tumor, to the mesentery of the sigmoid and lower bowel, so as to wall off the pelvic cavity from the general abdominal cavity. He closed the abdomen with No. 4 catgut through fascia and peritoneum, using clamps for the skin.

One great lesson learned on this trip was that of conservatism, especially in Germany.

CONJUNCTIVITIS TRACHOMATOSA.

G. E. Holmberg, M.D., Peekskill, N.Y.

When your Secretary invited me to prepare a paper for this meeting upon some phase of ophthalmology I cast about in my mind as to what would be most profitable to consider. It occurred to me that owing to its universality and grave consequence, trachoma would be the subject-matter of my paper, and I trust you will bear with me if I say things you already know.

It has been declared by men who claim authority that the disease, trachoma, has existed from time immemorial, and that Egypt was its birthplace, from whence it made its way into Europe, some say by the armies of Napoleon, who, in 1798, invaded Egypt, where they contracted the disease, then knwn as ophthalmia Egyptiaca, a very violent form of ophthalmia, and on their return home disseminated it. Other investigators prove through historical researches that trachoma had been endemic in Europe long before Napoleon's time, and refer us to the writing of Ebers, Hippocrates and Celsus. Be that as it may, the fact remains that this disease is not of recent origin, as the ancients were afflicted with it as are we to-day, in spite of our boasted civilization, knowledge of preventative medicine and hygienic precautions. Of course, it does not show itself as an epidemic and of such a prominent character in this country, although it is on the increase because of the large number of immigrants from Southern Europe, who are particularly prone to it, due, perhaps, to their lack of cleanliness and their mode of living.

A recently returned traveller from the Holy Land volunteered the information that trachoma is as abounding to-day in and about Jerusalem and Nazareth as ever before. It is one of the great curses among the women and children, especially the Mohammedans and Jews, and is loathsome in the extreme to look upon. Nothing is done in the way of prophylaxis or cure, because of the superstition of the people who say it is the Evil Eye. Hence the number of cases of partial and total blindness is appalling.

The exciting cause of trachoma we are not yet certain of, but it is generally conceded that it is due to some form or other of bacteria or micro-organisms, as both the gonococcus and the Koch-Weeks bacillus have been found in the trachomatous secretion and the trachoma granules.

Trachoma received its name from a Greek word meaning rough, because of the roughness of the conjunctiva, due to the hypertrophy and the development of trachoma granulations. It is transmitted exclusively by transfer of the secretions from some other eye, and the greater the secretion the more danger of contagion. The media of transfer of the infection are usually handkerchiefs, towels, sponges and by the fingers. Bed linen and flies may also be the means of carrying the infection; hence, poor people who live in crowded, unsanitary city tenements are the greatest

sufferers, but boarding schools and military camps may also prove good quarters for the spread of the disease. Among the first symptoms of this disease are sensitiveness to light, sticking together of the lids; also pain and visual disturbances are present.

Upon examination we find the conjunctiva of the tarsus and also that of the fold of the transition greatly hyperemic and thickened. The surface of the conjunctiva is uneven to a varying degree. These changes are due to the development of so-called papillæ, which make the surface of the conjunctiva appear velvety, or if the papillæ are large we find them studded with coarse granules, small nodules, or they may appear as raspberry-like projections. The conjunctiva may even thicken to such an extent that the Meibomian glands cannot be distinguished through it, and ptosis is the result. This latter form, called the papillary form, is usually found in the tarsal conjunctiva, and most pronounced on the upper lid. The conjunctival hypertrophy is characterized by the presence of gray, translucent, roundish granules, visible through the conjunctival layer, which they push up. This is the form of trachoma which has been likened to the eggs of a frog spawn, and found principally in the retrotarsal folds.

It will not be necessary to go into a detailed description nor will time permit it. The clinical varieties depend entirely upon the severity and the length of the existence of the disease at the time of presentation. It is not difficult of diagnosis, as both eyes are usually affected, and the objective and subjective symptoms clearly defined.

The medical treatment of this disease usually consists in the employment of caustics, of which two are almost exclusively in use, nitrate of silver in a 2 per cent. solution and sulphate of copper in the form of a stick. These remedies are usually applied once a day. The nitrate of silver is employed in acute cases with violent inflammatory symptoms and excessive secretions. Copper sulphate is used in cases with less inflammatory symptoms and of some standing, with the object in view of removing the hypertrophy of the conjunctiva. In the presence of ulcers of the cornea bluestone is contraindicated, and argyrol or other mild antiseptic astringents employed instead.

The medical treatment of trachoma is both tedious for the doctor and painful to the patient, as it extends over a long period of time, sometimes several months and even years, before the disease is conquered.

The surgical treatment of trachoma is less tedious and more effective. The *modus operandi* most generally employed consists in the expression of the granules, first advocated by Dr. Knapp, of New York, who invented a forceps named Knapp's roller forceps; but if the granules are very hard, as in the chronic forms, forceps invented and used by Dr. Pierce are preferable, especially in expressing the granules from the deeper tissues of the fornix. General anesthesia is advisable, especially in children, but the operation can be performed under cocaine. I use in my own practice as a local anesthetic an 8 per cent. solution of cocaine with adrenalin chloride.

The operation is of short duration if the operator understands the technique. The eyes having been cleansed thoroughly; the lids everted, one proceeds by operating first on the lower lid, thus avoiding obstruction by hemorrhage from the upper. The conjunctival tissue is seized with Knapp's roller forceps and the granules squeezed out until the conjunctiva appears smooth. If unable to reach the granules with the roller forceps, it may be necessary to employ the Pierce or Norris forceps, especially in the fornix and in the inner and outer angles of the palpebral fissures. It is essential that all the trachomatous tissue be thus removed to avoid recurrence.

The after-treatment consists in rubbing the smooth surface of each lid with a cotton-wound applicator immersed in a strong solution of bichloride of mercury; usually 1:500 is the strength. Cold applications to the lid for the purpose of reducing the swelling are both necessary and agreeable. The swelling is the consequence of the necessary traumatism of the operation. The white membrane that usually forms on the lid should be left undisturbed, as it is nature's way of protection to the wounded surface beneath. It is the serum and fibrin which exudates from the capillaries. Adhesion of the lids should be prevented by daily inspection and passing across the commissure in the upper and lower fornix a probe, and the use of bichloride, vaseline or other preventative means.

The operation is not dangerous when rightly performed, but shortens the duration of the case, as the resulting traumatic conjunctivitis is trifling and yields readily to the ordinary treatment with silver or zinc salts, or any other astringent remedy. In all chronic cases it will be necessary to resort to scarification of the lids and the application of copper sulphate or copper citrate, as the case may indicate.

It is important that treatment be continued until the cure is assured, otherwise a relapse may be looked for sooner or later.

DYSPEPSIA—CAUSES AND TREATMENT.

N. A. Graves, M.D., Chicago, Ill.

It is my hope that those who listen to this paper will not be disappointed if they do not hear a scientific discussion of dyspepsia, but a plain talk on the causal factors and treatment of that disease.

Stomach troubles coming under the term dyspepsia are of great frequency. It can be safely stated that the majority of American men and women after the age of forty suffer from some form of dyspepsia. There are diseases which cause more pain, diseases which are more loathsome, but few which cause the patient more general distress than do some of the varieties of dyspepsia. The first and most important cause is undoubtedly overeating—not overeating after dyspeptic symptoms have fully developed, but overeating in early life. There are few people who do not eat too

much. Take, for example, the country lad. He will eat for breakfast fried eggs, fried potatoes and often fried meat, bread, butter, a glass or two of milk or a cup of coffee, perhaps a doughnut or two, and finish with half a dozen pancakes with syrup.

Owing to active physical outdoor exercise during the forenoon and a stomach that is strong and healthy, he succeeds in digesting the food possibly by noon time, and at noon the meal is repeated, with the addition of cakes and pies and some heavy meat. The stomach is distended beyond its proper capacity, but is able to digest the load, and at six o'clock another meal is eaten which is but little less heavy than the noon-day meal.

I believe you will agree with me that this picture is not overdrawn. The boy or man is not only given all he can eat, but is urged to eat this or that article of food even beyond his natural desire. Our good mothers, while they had nothing but the best of intentions toward us, have undoubtedly done much toward raising a race of dyspeptics by the preparation of rich articles of diet and by urging their children continually to eat more, when it would have been far better for our stomachs had they said "eat less."

I consider overeating, then, the first and most important cause of dyspepsia. A boy may live through to manhood. He goes to the city and begins a life not so active as formerly, but eats fully as much, and the result is dyspepsia. The city lad may not eat as much; many do, but in other ways I shall discuss he brings about the resultant dyspepsia with just as great certainty as does his country cousin.

Second in importance comes hurry and worry. The rush of the American people is proverbial. Even in the country, where you would suppose that there would be plenty of time for meals, we find farmers hurrying in to dinner, eating rapidly, thinking of their work outside and hurrying back. This is exaggerated in city life. The business man eats a somewhat hurried breakfast. He hurries to his train, runs up the elevated steps to catch a car, or runs a block to head one off when a second car is following in plain sight. At two minutes after twelve he hurries to the lunch counter, rapidly grabs up what comes most handy, bolts it down and hurries back to his office. Do you think this picture overdrawn? If you think so, come with me to one of Chicago's busy lunch counters to-day during the noon hour; stand around till you can find a seat and then have two or three men stand back of you ready to fill your place the moment you arise. Here you will get an idea of the rush and worry and hurry that there is at a Chicago lunch counter. A few days since I sat at Vogelsang's lunch counter, eating. There was a young man of about twenty on one side of me, and a man of thirty-five on the other. The one on my right ate two ham sandwiches, a piece of apple pie, and drank a cup of coffee. He looked at his watch three times during the eight minutes he was there. His face showed that he had some kind of an appointment, and he must not let a little thing like digestion interfere with it. The one on my left had a rare roast beef sandwich, with good rich,

greasy gravy, and a cup of coffee, and pie. He did not look at his watch, but he made record time, finishing in ten minutes from the time he entered. If this occurred once a month it would do little harm, but it is the recurrence day after day that leads to disaster. The majority of people, also, are thinking of their business, worrying about some care or other while they are eating; in fact, much business is transacted over the restaurant table, and the worry of family or business life is one of the most important causes of dyspepsia. Along last March I stood on the wharf of the Clyde line steamers at Jacksonville, Florida, about the noon hour. Some twenty or more colored women were lined up there selling all kinds of eatables—fried chicken, baked beans, fried potatoes, etc., and the grease was one of the strong points in every article. The negroes were the best customers, and very few suffer from dyspepsia. Why? Because they are most of them absolutely care free. In conversation with a number of physicians in the Southern cities I learned that few negroes have dyspepsia, and the reason ascribed is their freedom from worry or care.

Third in importance comes the lack of proper mastication of food. A few years ago an American, Horace Fletcher, who had suffered for many months from a dyspeptic trouble, began what he believed to be the proper mastication of food. Possibly he exaggerated somewhat, but in any event he recovered his own health and has done an enormous amount of good since by teaching the people of the world to properly masticate what they eat. You all know what the term "Fletcherism" means, and while this may be over-mastication, it is not to be belittled, as the improper chewing of food is certainly to be classed as one of the very important causes of dyspepsia.

Fourth comes the eating of too much meat and fats. The great majority of individuals can live better by eating very moderately of meat, and many are better off if they eat none at all. Even those who do much physical labor get along well with meat once a day. The climate and temperature will have much to do with the amount of meat or fats that should be eaten. During the winter months more meat is required than during the summer.

Fifth in importance comes irregularity of meals. Dyspepsia is caused in many cases by the pernicious habit of eating at any old time, and while I believe it is right to eat when one is particularly hungry, the habit of eating cake and coffee, ice cream, and light lunches at any time is one of the frequent and direct causal factors of dyspepsia.

Lack of proper rest is sixth in importance. The individual who keeps late hours, who is irregular in his hours for sleep, who eats food in quantities directly before retiring, who does not rest his mind and body at regular intervals, is a frequent sufferer from dyspepsia.

Seventh: Drinking large quantities of fluid with the meals is also a cause of dyspeptic troubles. This is true of tea, coffee, water or any other liquid.

Eighth: Improper food and improper food preparation are also im-

portant causal factors. The eating of heavy meats during the hot summer time and eating a great deal of fried foods at any time are frequently direct causal factors in many families. We find, often, that practically everything is cooked in grease; eggs, potatoes, meats, all are cooked in lard or butter, making them difficult of digestion for even the strongest stomach.

Ninth in importance we must consider the personal habits of an individual as a cause of dyspepsia. Chewing tobacco to excess is a frequent cause. The immoderate drinking of alcoholics, coffee, strong tea, or chocolate is a frequent cause.

Tenth: Very hot or very cold food taken into the stomach is a common cause. Ices, iced lemonade, beer, etc., are productive of dyspepsia. This is more particularly true when large quantities are taken with the meals.

Eleventh: The condition of the teeth must be considered, for poor or diseased teeth are a frequent cause of stomach troubles.

While there may be other causes, I think we may consider these the most important causal factors, and if so, what can be done to prevent the disease, and what can be done to cure it once it occurs? First, general education of children as to how, when and what to eat. This should be done in the public schools through competent physicians who would be willing to give such instruction. The first factor in the prevention and cure should be the examination and care of the teeth. In the school this may be done by the visiting nurse or doctor. There are none so poor that they cannot receive attention in the great dental schools of our cities. In private practice the teeth, mouth and nasal cavities should be carefully cared for. This is a great essential if we anticipate relief from these diseases. Instruction in the quantity and quality of food to be eaten should be given. I am frank to confess that I cannot lay down any set rules for the diet of dyspeptics, neither am I willing to concede that any one else can do so. I have no dietary fads; I fully believe the good God made both animal and vegetable food for mankind, and that their reasonable use is what he intended and is to be commended,—their abuse censured. Too much beefsteak may act as a poison, so may too much bread. Either one is excellent food when carefully prepared and properly eaten. Man is omnivorous; he should eat any kind of food in moderation—he should not be a glutton. Let us confess, then, that there is no absolute law as to diet, even in such diseases as diabetes. Let us find a diet for each individual case; let us be Eclectic here as in medicine. As a general rule we may say, avoid all fried or greasy foods, pork, or raw vegetables, such as onions, radishes or lettuce, and rich pies and cakes. But there are exceptions to this, and many dyspeptics digest bacon or lettuce well when properly eaten. The patient is to be considered. If food he desires is digested he may continue to use it. If it disagrees, it is to be discarded.

For a good many years I have had each of my dyspeptic patients carry a little memorandum book in which to write the things eaten at each meal and the length of time taken for eating. If, then, some article dis-

agreed with them, it was omitted from the future dietary list. I, as well as my patients, have received much valuable information from these lists.

The avoidance of hurry and worry is most essential. Better go without a meal than to hurry through with one, or to eat when under great mental strain or excitement. Eat, too, only when the appetite or desire for food is present. It is folly to attempt to feed a dyspeptic when he does not desire food. And this is as true of other diseases, not excepting consumption. Be sure that the food is properly chewed, chewed until it is fully pulverized, and thoroughly mixed with the saliva. If this be done, little or no liquid will be desired with meals, and the appetite is satisfied with much less food. Insist on reasonable regularity at meals, regular hours for rest, recreation and bathing. If the patient's habits are bad, if he smokes, chews or drinks to excess, reform these as far as possible. I am sure the moderate use of an occasional cigar or a glass of beer does not influence dyspepsia badly, and I have seen a few cases of atonic dyspepsia with hyperpepsia positively improved by drinking a small glass of beer with the dinner.

To recapitulate:

1. Eat moderately as to quantity.
2. Avoid hurry and worry.
3. Chew all food thoroughly.
4. Eat meat not oftener than once a day.
5. Eat regularly and only when there is a desire for food.
6. Do not drink at meal time.
7. Select food that is most agreeable to the patient, and allow him to do the selecting within reasonable limits.
8. See that all food is properly prepared.
9. Do what you can as to habits.
10. Have the patient take regular exercise in the open air and practice deep breathing.
11. Avoid very hot or cold drinks or foods.
12. Have the teeth kept in perfect condition.
13. See that the bowels are kept open and drink water freely between meals.
14. Medicines.

From a professional experience of nearly twenty years, and a private personal experience of four years, I know that much can be accomplished with medicine in many of these cases. If there be great hyperacidity with much belching of gas or sour food or water, some of the citrus fruits eaten immediately before meals are very helpful. I have in mind at least five cases where the eating of a half grape fruit before meals did much to prevent extreme acidity. If pain in the stomach with hyperacidity be present one-half to two hours after meals a combination of charcoal, sodium bicarbonate and papain will relieve most cases promptly. The sodium bicarb. will, in thirty grain doses, often do this. I frequently use xanthoxylum frax. with the sodium in doses of 20 to 30 mm. and give it in hot water. Abbott's sodoxylin is an excellent preparation of this kind. If

there be a deficiency of acid in the stomach, small doses of magnesium hydrate, a teaspoonful one-half hour before meals, and from ten to thirty drops of dilute hydrochloric acid in essence of pepsin, given one-half to one hour after meals, is very useful. If there be a general atonicity, as shown by a broad flabby tongue, then nux vomica, hydrastis, and glyconda will be found very valuable and curative, but it should be given for a period of several weeks. If marked irritation of the stomach, as shown by the sharp pointed, red tongue, with a coating at the base, small doses of ipecac and hydrocyanic acid or amygdalus, and stomach rest for a few days, with strictly milk diet, will give relief. If the pain in the region of the stomach be paroxysmal, sodium succinate in five-grain doses, a.c., will not only relieve, but seemingly cure. I have found chionanthus valuable, also, in this class of cases.

Where the tongue is fairly red and clean, showing rather irritation than atony, and there is much belching of gas, I use lac. bismuth and lac. magnesia, Phillips, a teaspoonful of the former to a tablespoonful of the latter. Uniting with the acids in excess in the stomach they are neutralized, fermentation is lessened and a decidedly laxative effect is obtained. When there is great hyperacidity with constipation, the magnesium carbonate in large doses may be used, followed by a little orange juice for a laxative effect. For the feeling of fullness in the stomach liquid taka diastase, papain or ginger are my most reliable remedies. In severe atonic conditions I depend on capsicum, nux vomica and hydrastis. The bowels must be kept well open by selected means. Mechano-therapy is useful here, and often helpful in dyspeptic conditions.

While no one can say just what remedy is the remedy without knowing the conditions, those mentioned are among the valuable ones, not only for relief but for the cure of dyspeptic conditions. If a careful selection be made and the proper dosage given medicine is indispensable.

DISCUSSION.

Dr. Kaufman (Goshen, Ind.): There are one or two points which particularly impressed me to which I would like to call attention. I think we should be exceedingly careful in the treatment of stomach troubles not to fall into ruts, but if Mr. Jones comes to me with something the matter with his stomach I must treat his particular case, not follow an outline which may have been successful in some other case. Be specific. In the matter of dieting I would be particularly careful. What will agree with one patient will not with another. I have instructed my patients for years to follow this plan: At each meal pick out one or two items and confine the meal to those two or three things, and then observe carefully and see if they agree with him. If so, all right, eat them. If they keep that up for a little while they can each work out a diet list for himself and live on only those things which agree with them. I have never had a patient carry a book, but I like the suggestion. We must consider that all stomachs are not alike and we must lay down a prescribed diet for each individual case.

O. C. Baird (Kansas): I am sure that Dr. Graves never heard Dr. Scudder lecture. He used to emphasize to us, in season and out, the neces-

sity of having these patients drink lots of water, a glass of water immediately on rising and before each meal and as many times between as possible. The haste and hurry at meal time is to blame for a great deal of the stomach trouble, and also for a great deal of the constipation which is so common. We neglect the calls of nature because we think we have something more important to do that minute. The next day the call is not so pronounced, in a few days we do not feel it at all, and then we will find we do not have a movement for a week at a time. That is one of the points I would leave with you, and also this—90 per cent. of our system is water, and where are we to get water to do business on if we do not drink lots of water. The gastric juices must be kept of a proper strength. Nine out of ten people drink but a half a pint of water a day. These patients must drink more water. To get them to do this I almost invariably prescribe a salt fish for breakfast. I also like a food which I prepare myself. There is nothing in it for me, but it gives good results. As Dr. Graves has said, there is nothing in the ordinary breakfast foods, so I prepare something for my patients and insist upon their taking at least two dishes of it, and whatever else they will. We must have calls of nature and we must have plenty of water.

S. M. Sherman (Ohio): Dr. Graves' paper has expressed just about what I would have said, only he has said it better. About the matter of eating, I claim to know something about it, for I have practiced it for a number of years, and my rule with my patients is to advise my patients to eat what agrees with them. Not to take particular pains to eat what is prescribed for them, but what will agree with them, and leave out what will not. Then the doctor's rule of moderation is good. Some of the worst failures I have seen have been those who have tried to cure by chemical means. I do not believe any one can tell by chemistry what a man needs. I believe that everyone is entitled to enough time to eat and sleep. If they will follow these simple rules—eat what they want, that which agrees with them, take time to eat it and not worry—they can take as good care of themselves as any doctor can take of them.

Allen G. Rowe (New York): I am much impressed with this paper. It is an important subject, and deserves a great deal of attention. There are some points which I think will bear a little closer attention than has been generally given. One of these points is that dyspepsia does not necessarily mean a disease of the stomach. It may be in the eye, the intestines, spleen, kidneys, etc., that the trouble lies. Many cases have come to me who have had the exciting cause in the kidneys, and I want to caution you Eclectic physicians to be very thorough in your examination of cases. No examination is complete without the thorough examination of the urine. If you do not know how to make it you should learn. It will enable you to treat all your cases much more thoroughly and exactly. In my work I never think of giving a dose of medicine until I have examined the contents of the urine. I believe this has a great deal to do with a doctor's success in the treatment of his patients.

In regard to the use of liquids, I cannot agree with the idea that large quantities of liquids should be given. The natural demand of our systems for liquids is great, and they cannot be supplied with food. The liquids should be taken largely between meals, and I believe that alcohol is a good thing in many cases of indigestion. It has been a good thing in my family. I give five to ten drops of dilute alcohol in a glass of water before meals. I do not think you will make drunkards from the proper use of alcohol. The mucous glands should all act when indigestible foods reach the stomach, and they will not act without a little dose of alcohol. Also be sure to look after the eyes of your dyspeptics.

Dr. Kannel (Fort Wayne, Ind.): Coleridge tells us that "experience is a good teacher but his fees are high." During my past life I was a victim of dyspepsia. While I agree with the most of the remarks on this paper, I do not follow them exactly. When I was a boy thirteen years old I had dyspepsia. I attributed it to the use of coffee. I used to drink three or four cups of strong coffee at each meal. When I thought that was the cause of my trouble I ceased it. In my college life I found I became intemperate in the way I studied; then I learned that the mind and the stomach both need a rest. I found by experimenting, that if I rested three-quarters of an hour after each meal my digestion was perfect, but the necessity for hard work in college led me to depart from that plan, and again when I was about twenty-five years old, after having practically recovered and reached a weight of 200 pounds, I again departed from the habit of resting and lapsed back again into the habit of working immediately after meals. I have always eaten in from ten to fifteen minutes, and I do not believe that that has much to do with it. I believe in thorough mastication, but I do not believe it is necessary to rest between courses. It is better to eat continuously and then rest a while after your meals. When I was in college I always had to hurry at my meals. I have reverted back to the plan of resting, and I weigh 250 pounds—too much, of course, but it comes from having a stomach that is able to digest after eating because it is given time to do so. I do not believe it hurts any one to sleep after meals. I often do so and get up feeling fine. I do not believe there are any cut-and-dried rules, but I do believe that the most important thing is the period of rest after meals. Do not go right back to work; give your stomach a chance to do its work.

Dr. Swalm (Chicago): The man who sets a rule for dyspeptics and then tells the poor suffering man to follow out his dictum I think has less grounds for his course in the matter of diet than anything. I myself was a sufferer for twenty-two years. I tried everything from all schools and from those that were not schools of medicine, and I failed. Six years ago I luckily tumbled to the advice of one of your Eclectic gentlemen in this city, and he said, "Doctor, you eat too much." In my country we eat five meals a day. That is more than a horse eats. I said to myself, "I am going to quit." I washed out my stomach with from five to thirty gallons of water a day, but it did not do any good. Then I stopped coffee and I omitted three meals a day, and at no meal did I eat more than two or three ounces of food. To-day I weigh more than I ever did and I do not eat a pound of meat in three months, nor do I consume a pound of coffee in a year. These two things were the things I needed to omit to make me a well man.

The introduction of alcohol into a dyspeptic stomach, to my mind, is one of the worst things that can be done. It may do for an American but not for a Scotchman. I eat mush in the morning, every other morning. I eat it from nine to ten o'clock and I do not eat again until six. I can work twenty hours a day out of the twenty-four. I have kept that up for six years. I have practiced for sixteen years in this city, and with the exclusion of worry that the doctor has spoken of and right eating I am perfectly well. Take your crust of bread and your big drink of water between meals and you will have no kidney trouble, you will have no heart trouble, you will have little mental trouble, and there will not be a doctor in this country spending his time telling you how to keep well.

I like particularly the part of the paper which speaks of the man choosing for himself the things which he shall eat. He should pay attention to what he takes, when he takes it, how much, and why he takes it.

These four things appeal to me as being the proper things. If he will take the trouble to put down in a book just what he eats and how much, he is not going to be troubled very much at meal times, because his mind is on his eating and not on business troubles. The absolute rest of mind during meals is one of the best things for man or woman.

W. E. KINNETT (Illinois): I want to compliment the author of this paper just as far as I possibly can. I think it is one of the best papers I have ever listened to on an important subject. We all have opinions on this subject, and I have no criticism on the paper. One thing he speaks of is educating the people. Where are we going to begin? We thought at one time we had better get a competent physician to tell the school children how to eat. Where are we going to find them? If there is one man on earth who is foolish about his eating it is the doctor. I will wager there are 75 per cent. of you here who use tobacco, probably 99 per cent. of you use coffee or tea, and you all know that to most of you it is injurious, and yet you do it. You cannot expect your patients to live right when you do this way. Perhaps some night you are invited to the home of one of your patients to dinner, and while there you eat anything and everything, eat it hurriedly, and drink an abundance of tea or coffee with the meal. Can you wonder that when you are gone your patient says, "Well, look at him! He does everything at his meals that he is telling me not to do."

You will get just as much from mechanical therapy in the treatment of dyspepsia as you will from medicine. I have used the therapeutic lamp, or invigorator, in a number of cases with excellent success. I say, eat what you please if it digests and does not hurt you. I have had dyspepsia like others have. Now I eat what I please, as much as I want of it, provided I have found from previous experience that it agrees with me. But right here is the foundation of most stomach troubles. You do not take the least bit of pains to find out what it is that causes your indigestion, and you do not give your stomach the rest it needs. You get just as tired as you possibly can get, then you eat a great lot of stuff, drink two or three cups of coffee, and then go to bed and say, "There, now, you stomach, digest that," and it is just as tired as you are, and just as unable to work as you are, and yet you expect it to do its work. You cannot expect to cure diseases of the stomach without giving it a rest, and giving it a chance to do its work when it is rested.

One physician here says he feeds his patients salt to get them to drink water. Do you not know that salt takes care of the water and the water takes care of the salt? I think another doctor spoke of other organs being at fault besides the stomach. The eyes, for instance, may be at fault. If so, correct the wrong of the nervous system and you will have done just that much toward curing your dyspepsia. One may need mechanical therapy, another may need citrus, but no matter what medical treatment you give, you will fail nine times out of ten if you do not have the patient see that he takes proper time for his meals.

DR. BROWN: I would like to compliment the author of the paper, and I feel that one-fourth of what he has told us would show us that he has made a special study of this subject. I also know that with that paper alone, and following out the simple rules he has laid down for us, we will have people coming to us from all over, especially we who practice in rural communities, because many doctors know but one stomach trouble, and that is dyspepsia, and one remedy, and that is pepsin.

DR. BARWICK: I was much pleased with this paper, because it is in my line of special effort, in that it combines the diseases of the kidney,

liver and heart. It is a fact that you cannot treat diseases of the stomach without treating these other organs. This is as often a sympathetic disease as anything else. I have just left a patient who had been vomiting a week. I was called and asked to take the case. I was led to suspect a disease of the kidney. I asked him how much water he was drinking. He said none. I left medicine and direction to have a twenty-four-hour specimen of urine saved. Now, instead of treating that man's stomach I treated the kidneys, and so it almost always is in treating diseases of the stomach. We must treat the sympathetic conditions. In stomach troubles we must not only look into the condition of the kidneys, but of the liver. For instance, if there is stomach trouble, and the patient is emaciated and does not drink water, you will find that the best way to get rid of the stomach disorder is to take care of the liver and kidneys.

DR. GRAVES: I have nothing further to say.

CAUSE AND EFFECT; OR AN APPEAL FOR THE MORE RAPID SPREAD OF ECLECTICISM.

V. A. BAKER, M.D., ADRIAN, MICH.

The advancement of any cause is favored by letting its merits be known. The growth and maintaining of material to keep organizations in a healthy condition must be accomplished by disciplining the home life from the cradle up through the ascending grades to manhood and womanhood.

The query arises in the outset of this declaration, if the parents are not themselves capable, having little or no knowledge of the proper training due their children, how can we expect desirable results?

We must get at the root of this glaring defect. How? Let every physician be an educator, especially every Eclectic physician. There must be a general, a sweeping, reform in the cultivation of our young. It has got to come. Physicians can accomplish more in this respect than any other class, organized or unorganized. Why not we, as a school, be in the initiative?

> "'Tis education forms the common mind.
> Just as the twig is bent the tree's inclined."

Why, Sirs, we are living in a remarkable age; the arts and sciences are advancing; a few, comparatively, are doing all that is useful. The masses are drifting, they know not where. That which engages the attention of our young men, taking up their time in frivolity and useless games, when considered from the standpoint of utility, is appalling. An army of able-bodied men are needed to aid in tilling our land, sailing our ships and filling places of responsibility, and while they are in plenty, they cannot be induced to engage in useful pursuits, only limitedly; yet the country is swarming with vigorous young men doing nothing elevating to themselves or for their country's good. They hazard life and limb in useless pursuits. Baseball and football are systematically engaged in and swell the death list and have their exhibits of cripples in every community. The morals of the country are not flattered, no one benefited; in fine, much

harm is done, as note the young man with his cigarette and bat and slang language gained by association, roaming about with no respect for his superiors.

Wherein lies the fault? The answer is:

First, in home discipline. The child is put forward and allowed to do things ruinous to good manners. Boys and girls are little men and little women. What shall the harvest be? Great is the responsibility of properly educating the young, and if there is home neglect and careless, and, I may say, thoughtless, disregard of the outside influences with which the youth comes into contact, we may expect duplicate results, and little by little the child is liable to imitate those with whom he has associated, all of which, as a rule, comes from home neglect.

Second, provided home influence is proper, we need have a knowledge of the doings of the child covering his street education. Does the young lad, your son, smoke cigarettes? Has he pipe and tobacco carefully hid away that he boldly uses when out of your sight? He may be doing even worse than smoking or chewing. He may have a street slang that he is careful not to use at home, that would horrify you did you know of it.

Third, superstition. And I suppose we are all somewhat inclined to be superstitious; yet we need not be foolishly so. It has been handed down to us from generation to generation, and only needs sifting out of home life. Is Friday any more unlucky than Saturday or any other day? Certainly not, and yet many there are who will not start on a journey or begin an undertaking of note on Friday! Some people will not sleep in room No. 13, and believe in worshiping horseshoes. When we consider that witchcraft was a religious fanaticism only a few generations back of us, hanging innocent persons that would now be accounted murder, and very cold-blooded at that, it is not astonishing that superstition still exists in the minds of people otherwise sensible. A London doctor closes a sensible article on this subject as follows: "Like the belief in fairies, our superstitions will no doubt die out and only be remembered as subjects for jeering by the matter-of-fact mortals of the future."

I desire not to be misunderstood in my attitude toward the games of the day and those who participate therein. "Let village games and friendly sports go round," but let them be secondary, and not, as now, counted of vital import. President Eliot, of Harvard College, in his last annual report, covering the year 1908, ending October 1, denounces football as a demoralizing spectacle and unfit for college sport. The sacrifice of life is too great. Statistics show over forty deaths in one year's roundup of American sports, football and baseball contributing the majority of cases.

I do not expect to revolutionize sentiment in the games of the day, but I insist that it is carried to too great an extreme, demoralizing in its nature and calling loudly for reform, and sincerely believe there is a need of it, an urgent need, and that as a body of men we of the Eclectic brotherhood can individually and collectively find a fruitful field for labor and do great good by at least making a beginning.

So long as there is hand-clapping and patronage given this or anything like unto it, just so long will it continue. It is said to be a healthy sport, developing muscular force, which is true only limitedly. Every individual has capacity limit beyond which we go at the peril of bodily injury, an injury that may be local or general. Pugilists, boxers and prize-fighters break down prematurely, as a rule, and in a cause without merit.

Grand Rapids, Mich., wants baseball declared a nuisance. The citizens residing near Grand Rapids Central League ballpark, it has been stated, would start a suit asking that it be so declared. It is hoped to have a hearing and the case settled before the opening of the league season, May 8. There seems to be no respect paid to the wishes of the people regarding the desecration of the Sabbath by these leagues. It is certainly very disrespectful and annoying to have within sight and hearing of places of public worship such utter disregard of the feelings of others, as such crowds always contain more or less of the rowdy and profane element. I am a communicant of no church, but I respect the Sabbath and the church, and concede that she is educational, that her gatherings are in the interest of the whole, and her Sunday-schools teach the youth to be reverential and mannerly.

The Declaration of Independence asserts that all men are born free and equal. Now if we could, if we had the power to extend it so they shall be born uniformly healthy and respectable, and we as a society, as a body of people, could exert an influence to keep them so; if we would incorporate a plank in our platform of principles, educational in character, to do this by methods carrying reform into the homes, into the nursery, showing the great need of such a reform, we as a school would be of inestimable benefit to the present and to the future, beyond what we now are, not only to nations yet unborn, but we would magnify in numbers as the good results became apparent.

Another feature we may well consider, viz., the advertising of indecent and immoral frauds in our newspapers, as a source of teaching the young and appealing to the worst in their nature; barefaced they are, and advertised for gullibility. A sentiment should be created and the community enlightened that so depraved and damning an evil could be relegated to the rear and the authors of all such indecencies and frauds sent to the penitentiary.

The question arises, how can this be brought about? One method may be by short addresses in our respective school districts or before societies; by leaflets, explanatory and pointed, spreading knowledge easy to comprehend, and the results cannot be but beneficial.

I aimed in this paper to be brief, and whatever its merits or demerits may be, I am certain the subject is of vital import, and I am also certain that as a school we can do ourselves proud by instituting educational methods the people are so sadly needing. Let each consider the responsibility personally, for the good of humanity and the advancement of American Eclecticism.

The National Eclectic Medical Association

QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
O. C. WELBOURN, M.D. W. N. RAMEY, M.D.

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VOL. I. SEPTEMBER, 1909. No. 1.

The National Eclectic Medical Association, at its meeting in June at Chicago, voted unanimously to print a quarterly journal in place of a volume of Transactions. They also voted unanimously to entrust this work to Dr. W. N. Mundy, of Forest, O., an author and editor of excellent ability. Time will show the good judgment exercised by the convention. This step on the part of the Association is an innovation, and will require a trial to prove that the consensus of opinion of the authors, editors and publishers at the convention was a correct one. The Transactions have been and are very useful for reference and a source of pride to have in the library. The recording of every thing pertaining to and in relation to the convention that is found in the Transactions, if printed in the journal and if compiled so that it will permit all who desire a volume to get it at a very little additional expense, ought to prove satisfactory. The advantage to be gained with an official journal issued at regular intervals, in my judgment, will be much greater than with the Transactions. It places the Association more frequently in close touch with the State society, their auxiliaries and members. This is very important in these times of rapid changes with the mania abroad for the largest things. This mania has put the supporters of small institutions and minority bodies on the defense to prevent infringement of their rights or perpetrating an injustice.

The effort to create centers for education with large colleges richly endowed, that will teach economics, "that to those who have more shall be given," and the motto, "God loves a cheerful giver," and be a source of revenue during life and a memoir after death to the donator, necessitates the destruction of the small institutions of learning scattered throughout the country.

This opportunity has been seized upon by the American Medical Association, which has the same selfish spirit that has been shown in previous years, to destroy all schools of medicine but the Allopathic, trying to succeed where others have failed. Under the guise of nationalizing the laws

regulating the practice of medicine, and as public benefactors, to show their faith to the institutional and college destroyer, to curry favor and obtain help, have attacked the small colleges of their own school by presuming to dictate what their requirements must be to give adequate instruction to students. This has aroused and caused a split in the Allopathic ranks of no mean proportion. These allies must be combated. The National Eclectic Medical Association must be in touch with the State organizations. These State organizations must be made perfect where they are not, and new ones formed where none exist, so that strong co-operative work can be performed wherever there is an attempt to do injustice. The National Association must be in a position to give and receive aid. If there is anything in the constitution to prevent it, the constitution should be changed. The supporters of the small institutions will be on the defense, the great mass of liberty-loving people throughout the country will come to the aid of the small literary institutions and prevent their destruction, so that generations that follow who may have less of this world's goods shall at least enjoy the same opportunity they enjoyed to obtain an education. All of these will become our allies. A part of this should be the new journal's work. This is your journal, it's mine, singly and collectively. It is the official organ of the National Association. We have a right to expect much from it. We must be patient, as the best results are never obtained until the entire machinery is tried and running smoothly. No effort should, nor do I believe will, be spared to make it a journal that will command the respect of everybody and be a source of pride to us.

The editorial department should be free of politics, religion and individualism, but full of "isms" as Eclecticism. There should be no drought of material for this department, for we have a larger body of able writers, clear and concise thinkers, in proportion to numbers, than have other schools.

The medical department should be the best in the world, for we have the products of the earth to draw from and the investigators to find their virtues.

The news department should be a source of interest and information, as well as education for all of us. When the editor perfects his arrangements he will have a body of correspondents ample and broad enough to draw and give the best information of the advances made in medicine and surgery. The journal's issue permits sufficient time to elapse to verify any of these reports, so no old school rainbow glimmers in practice need be followed. This department should help to keep the Eclectic physician, no matter how remote he may be in his country practice, alive to what is transpiring in other States besides his own pertaining to medical matters of all kinds that may be for his good or sooner or later work injury to him. It will, unless he wears the cap of selfishness and is wrapped in the cloak of oblivion, make him realize that he is alive and has brothers in the practice of medicine trying to help humanity by keeping the channels for recruits (our colleges and institutions) open to all who may aspire to the noble profession, the practice of medicine. The journal, with the

proper assistance given to its editor, can be placed upon a plane by itself, so it can be an aid and not a rival of worthy individual or institutional journals, and will weld the ties of friendship, increase harmony and give strength to the National Association. Each and every one of us has a duty to perform. Our inner self will tell us what it is. Obey the command, and there will be no question as to the future of our cause.

GEORGE W. THOMPSON.

With this, the first issue of the NATIONAL QUARTERLY, our Association makes another departure from its established methods, and we hope the innovation will prove successful. Why the writer was selected as its editor we do not know. Others were present at the Chicago meeting, who we feel could have fulfilled the task much better and more creditably. Having, however, been selected, and having accepted the task and undertaken the work, we will do our best to make the QUARTERLY what its name purports it to be—the official organ of our National Association. Being the official organ of the Eclectic school of medicine, it aims to voice its aims or objects, which are, briefly and succinctly, "a study of materia medin internal medication. We believe in medicine, and we aim to teach it. Briefly, we do not believe in "therapeutic nihilism."

Having accepted the task as editor, we urge all Eclectic physicians, no ica and therapeutics." No exclusive dogma, no fad, no schism. We believe matter where located, nor how isolated, to send us all news that will be of interest to us and the profession at large. Help us make the QUARTERLY a success and it in turn will help you. There is nothing that so much tends toward success as combined effort. If we make that effort earnestly, consistently and faithfully, we cannot fail but be successful.

The future of Eclecticism depends upon you. Its success is your success, and your success as a therapeutist is the result of what you learned in an Eclectic college. This being true, you ought to assist to perpetuate and perfect those institutions which assisted you. W. N. MUNDY.

Waste of time and money is annually required by the failure of members to forward their MSS. to the Secretary without having to have a special request from him to do so.

This year fifty-two letters were written to delinquent essayists, those who promised to prepare articles for the National Association so long ago that the promise was forgotten or the MSS. laid aside waiting for an invitation before forwarding it to the proper officers.

Those who find it difficult to take time to write or to forward their essays, do not think of the time, labor and annoyance arising from their neglect. Forward yours at once to Dr. W. N. Mundy, Forest, O.

It has been decided that the Association officers shall adopt the policy of accepting applications for membership in the National *ad interim*. The Secretary will gladly furnish any one with an application blank upon re-

quest. Those residing in States having a State society should apply to their secretaries for the blanks, as all the State secretaries will be supplied.

Do not forget that each blank is prepared or each question asked with a specific purpose, and that your application is *incomplete* when you fail to *fill every blank* or answer *every* question.

Our records are incomplete in just as far as you neglect to properly fill the blanks.

Accompanying each copy of the NATIONAL QUARTERLY will be found a copy of the application blank. If you are a member and have not supplied the Secretary with all the information therein asked for, kindly fill one out and mail it to him. If not a member, fill it out, forward it with the fee ($2 in States which have voted to adopt the new plan of membership, and in States with no society or organization, $3). If you belong to a State society, forward your fee and application blank to your State secretary, who will endorse the application, and he will then forward both to the National Secretary.

Do not forget that if already a member of the National, and delinquent in dues, that you should by all means cancel the delinquency.

We have reason to believe that some have overlooked this fact, and have paid two dollars, neglecting to first pay back dues. If this applies to you, at once send Dr. Sharp, of Guthrie, Okla., the amount of shortage, or if you do not know your standing he will gladly send you a statement.

WM. P. BEST, *Recording Secretary,*
2218 E. Tenth Street, Indianapolis, Ind.

The Chicago meeting was all that could be expected, and we believe exceeded the most sanguine expectations of friends of the National. The attendance was good, the feeling good and the growth most excellent. The departure from the old methods of solicitation for members bore fruit and was more successful than expected. If the active workers in the State societies would take the matter in hand and work earnestly and faithfully the National Association would soon be what it ought to be and what its name indicates. The four hundred and thirty-four new names added in June should be one thousand additional in June, 1910, at Boston.

State secretaries should begin now and urge all State members to complete their membership in the National by paying the additional fee and forward the same to Secretary Best, at Indianapolis. Do not wait for your State meeting, but continue the work throughout the year, so that it may be completed by June, 1910. M.

Ohio is setting a good example of what each of our States *could* do if they would systematically canvass the Eclectics. Let each State secretary make it his business and a matter of pride to come up to the next meeting of the National with the largest possible per cent. of their quota of Eclectics in active support of our cause. Ohio sends a new name or two almost every week. Several other States have sent in a number of new ap-

plications. It is to be hoped that we may have like results all along the line. B.

The following is the substance of a resolution adopted at the annual convention of the National Confederation of State Medical Examining and Licensing Boards:

"WHEREAS, It is generally recognized that the time available for instruction in therapeutics, materia medica and pharmacology does not suffice in the study of all the known drugs; and

"WHEREAS, It is also recognized that the limited time can be devoted to best advantage to acquiring a thorough familiarity with the characters, actions and uses of the important drugs at the expense of those of doubtful or negative value; therefore, be it

"*Resolved,* That the National Confederation of State Medical Examining and Licensing Boards urge upon its constituents the advisability of confining examination questions to the most important preparations of the more important drugs.

"*Resolved,* That it recommends to their attention the report of the sub-committee on the teaching of materia medica, etc., of the American Medical Association's Council on Medical Education. And be it further

"*Resolved,* That the President of the National Confederation of State Medical Examining and Licensing Boards be and he is hereby authorized to confer with the Council on Medical Education and to compile and report to this confederation a list of the more important drugs and their preparations to which the examinations of the constituent boards may be confined, this list to be published in the *Journal of the American Medical Association* with the approval and endorsement of the Confederation."

It will be interesting to those who believe in the efficacy of drugs to note the selection made by this committee. It will also be of interest as to the manner of selection, whether by those established through clinical observation or by means of laboratory experimentation on mice, guinea-pigs and rabbbits.

Gen. Hancock once said that the tariff question was a local one. Recent developments in Congress prove his assertion to be correct. Whether admitted by therapeutic nihilists or not, empirical medicine is responsible for much of value in therapeutics and clinical observations when attested by time and result, and repetition is just as worthy of credence as is laboratory experimentation. Physicians' clinical experience so differs that it will be difficult for a half dozen physicians to select a list of remedies that will coincide.

We have heard quiz compends condemned as well as the publisher for printing them by some of these gentlemen. The methods suggested by this resolution will be worse than any quiz compend, as it will have a tendency to curtail experimentation and the teaching of recent suggested therapeutic measures, teachers and students confining their study to the remedies and measures suggested by this self-constituted committee. M.

The growth of the National Association under the new arrangement exceeded the expectations of the most sanguine. It would have been still

better had all the States done as well as Oklahoma, which added to our roll thirty-three names out of a possible sixty. The societies from the older States ought to take pattern, or, as boys would now say, "sit up and take notice." Even though a new condition and not fully elaborated, four hundred and thirty-four new names were added to the roll, tabulated by States as follows:

Alabama	1	Missouri	21
Arkansas	21	Nebraska	3
Colorado	9	New York	49
Connecticut	23	North Dakota	1
Georgia	9	Ohio	45
Illinois	88	Oklahoma	29
Indiana	23	Pennsylvania	17
Iowa	2	South Dakota	2
Kansas	32	Tennessee	3
Kentucky	14	Texas	30
Maine	2	West Virginia	6
Massachusetts	1	Wyoming	2
Michigan	1	Total	434

Dr. Fred. J. Longfield has been appointed surgeon for the C., B. & Q. Railroad at Lathrop, Mo.

M. E. Daniel, M.D., of Honey Grove, Texas, was re-elected June 24, 1909, as secretary-treasurer of the Texas State Board of Medical Examiners.

Earl H. King, M.D., formerly Treasurer of the National Association, was elected as a trustee of the Eclectic Medical College of New York City.

The Organic Chemical Manufacturing Company of Philadelphia has instituted proceedings against the American Medical Association for damages, claiming $200,000.

E. Edwin Miles, M.D., of Boston, Mass., has resigned his position as a member of the Board of Medical Examiners, after fourteen years' service. During most of this time he served as chairman of the board.

Louisiana and North Carolina are requesting Eclectics, and the truth is there are more places than we have men to fill them. So it behooves our men to fill our colleges with qualified men. Eclecticism can be studied only in Eclectic colleges.

This call for Eclectics comes not only from the West and South, but from the East as well. Correspondents of the *Medical Council* report plenty of opportunities in all the New England States. The query comes, why is it thus? We fear our older men have been negligent and possibly disloyal to the cause of Eclecticism.

Word comes to us that there are many locations for Eclectics throughout the entire Northwest. Inquiries come to us from South Dakota,

Nevada, Nebraska, and Oklahoma. We have requests for young men from Idaho as well as from Minnesota. It is true the qualifications for registration in the latter State are high, but the opportunities correspond.

STATE SOCIETIES.

The Eclectic Medical Society of the State of California met at the parlors of the Hotel Stewart, San Francisco, on May 25-27, 1909, with a good attendance.

The meeting was presided over by the President, Dr. J. A. Munk. After roll call of officers the minutes were read and adopted. The Secretary's report was then read, after which the President appointed the following committees:

Necrology: Drs. W. A. Harvey, F. G. de Stone, J. Stark.

Press: Drs. J. T. Farrar, J. Park Dougall, J. B. Mitchell.

Affiliation with the National: Drs. Tomkins, U. C. Coe, J. A. Munk.

After the disposal of miscellaneous business, Dr. Farrar read a paper on "Echafolta," the discussion of which was delayed until Dr. Mitchell read his paper on "Echinacea." A very liberal discussion was opened by Dr. Vandre, followed by Drs. Gere, W. A. Harvey and Bailey.

Dr. O. S. Laws, of Los Angeles, presented a paper on "Tuberculosis," which was discussed at length by Drs. Farrar, de Stone, Clark, Tomkins, Gere and Dougall.

This society decided by resolution to affiliate with the National body.

Dr. Millasich's paper, "Sting-ray Fish Poisoning," was very interesting, and was discussed by a number of those present.

Dr. Fearn's two papers, "Nuclein" and "Cancer," were very liberally discussed. Dr. Childs' paper, being a report of cases, was discussed by Drs. Mitchell, Munk and Vandre.

Dr. Gere's paper, advising radical operations in hernia, was then read, and was ably discussed by Drs. Fearn, Vandre and Farrar.

Dr. Dougall's report of cases treated by vaccines was discussed by Drs. Vandre, de Stone, Hervey, Maclean, Fearn, W. A. Harvey and Clark.

Dr. Maclean's report of toxic effect of serum was discussed by Drs. Dougall, Vandre, Hervey, Clark and W. A. Harvey.

On Thursday morning the officers for the ensuing year were elected as follows: President, Dr. J. T. Farrar; First Vice-President, Dr. A. S. Conner; Second Vice-President, Dr. A. J. Atkins; Recording Secretary, Dr. J. Park Dougall; Corresponding Secretary, Dr. Florence V. Cheney; Treasurer, Dr. C. H. Hervey; Board of Censors, Drs. Tomkins, Hunsaker and Clark.

On Thursday afternoon the society adjourned to the Cutter Laboratory, Berkeley, where the manufacture of vaccine and antitoxine was fully described by Mr. Trowbridge, of that institution.

The society adjourned to meet in Los Angeles in May, 1910.

Dr. J. Park Dougall, *Secretary.*

Massachusetts Eclectic Medical Society.—The forty-ninth annual meeting of the Massachusetts Eclectic Medical Society was held at The Vendome, Commonwealth Avenue, Boston, Mass., on June 3 and 4, 1909. It was one of the most interesting sessions the society has enjoyed for several years. Three new members were admitted. The following papers were read during the sessions: "Chronic Diseases and their Treatment," Pitts Edwin Howes, M.D.; "Vomiting of Pregnancy," Fred G. Phillimore, M.D.; "Renal Calculi," W. C. Clarke, M.D.; "Lupulin," Lillian G. Bullock, M.D.; "The Treatment of Heart Disease," Darius L. Powe, M.D.; "Gelsemium," Augustus L. Chase, M.D.; "Radium," Herbert McIntosh, A.M., M.D. An interesting address, "Gleanings from Fifty Years' Practice," was delivered by C. Edwin Miles, M.D.

The following officers were elected for 1909: President, C. Edwin Miles, M.D., Boston Highlands; Vice-President, Fred. G. Phillimore, M.D., Boston; Corresponding Secretary, Sylvina A. Abbott, M.D., Taunton; Recording Secretary (twenty-fourth election) Pitts Edwin Howes, M.D., Boston; Treasurer, Nathan L. Allen, M.D., Boston; Librarian, John Perrins, M.D., Boston; Censors, Drs. A. L. Chase, Lillian G. Bullock, F. W. Abbott, D. W. Powe and D. P. Borden.

The annual dinner was served at 6 o'clock on Friday, Pitts Edwin Howes, M.D., acting as Anniversary Chairman. The after-dinner exercises consisted of the following toasts, which were interspersed with vocal and instrumental music: "The Clergyman as an Adjunct to the Medical Profession," Rev. Dr. Edward Braislin, Boston; "The Medical Practitioner of Medicine," C. Edwin Miles, M.D.; "The Woman in Medicine," Lillian G. Bullock, M.D.; "The Relation of Physical Therapy to the Practice of Medicine," Herbert McIntosh, A.M., M.D.; "The Relation of the Surgeon to the Practice of Medicine," John Perrins, M.D.

The following deaths have occurred among the membership during the year: H. H. Hildreth, M.D., A. W. Brown, M.D., Electa A. Brown, M.D.

Pitts Edwin Howes, M.D., *Secretary.*

The joint session of the South Dakota Eclectic and Homeopathic Societies was held at the Commercial Club rooms, Madison, S. D., June 29-30, 1909. The meeting was a success in every particular. The papers were practical and appealed to the every-day side of the physician's life. An innovation, in addition to the banquet and program or social side of the meeting at the Lake Park Hotel, was the free clinic at the City Hospital. This was provided for the visiting physicians by W. E. Daniels, of Madison, the efficient Secretary of the South Dakota Eclectic Medical Society. Two abdominal hysterectomies, an appendectomy, one herniotomy, one tubercular knee joint, a strabismus operation and a nasal polyp constituted the clinic, which is certainly variety enough for one day. Our understanding is that our friend, F. L. Wilmeth, of Lincoln, Neb., was the operating surgeon. The next meeting of the joint societies will be held at Mitchell, S. D., in June, 1909. All the Eclectic physicians of South Dakota ought to get in

communication with the Secretary, W. E. Daniels, of Madison, and affiliate with the workers and become a worker. There is no room for drones in a busy hive.

MARRIED.

Married, at the home of the bride's parents, Mr. and Mrs. John Uri Lloyd, at Clifton, Cincinnati, O., Dr. Oclasco Carlos Welbourn, of Los Angeles, Cal., to their daughter Anna. The many friends of both bride and groom extend to them their best wishes and congratulations.

Married, William Lewis Heeve, M.D., and Amelia Elizabeth Merryweather, Thursday, June 24, 1909, at Brooklyn, N.Y. The bride and groom left for a trip through the Yellowstone Park and the Northwest, expecting to return home in about six weeks.

Married, at Long Beach, Cal., Dr. Lewis A. Perce and Mrs. Caroline H. Shaffer. Congratulations are due to our ex-president.

OBITUARY.

Gettis E. Starner, M.D., Eclectic Medical Institute, 1885, at Dunkirk, O., aged fifty-two.

John R. Smith, M.D., Eclectic Medical Institute, 1881, at North Carmi, Ill., June 27, aged fifty-nine.

Monroe S. Leech, M.D., Eclectic Medical Institute, Cincinnati, O., 1871, at Chicago, Ill., aged sixty-one.

John G. Van Schoiack, M.D., Eclectic Medical Institute, 1861, at Kansas City, June 19, aged seventy-four.

Samuel K. Harriman, M.D., Eclectic, Philadelphia, 1871, of Providence, R. I., June 20, 1909, aged sixty-three.

Samuel Millington, M.D., Eclectic Medical College of the City of New York, 1869, at Rome, N. Y., July 13, 1909, aged seventy-three.

Harvey Newton Dale, M.D., Eclectic Medical Institute, Cincinnati, O., 1856; Bennett, Chicago, 1876, at Faribault, Minn., June 13, aged seventy-three.

Belladonna, fluid extract, one-drop doses, every six hours, with santonin, three grains, in congestion of the kidneys, albuminuria. In chronic cases add three grains of carbonate of iron to each dose given in a wineglass of water. If there is marked debility add six drops of the tincture of prickly ash berries to each dose. Lessen the dose according to age in treating children.—Henry K. Whitford, M.D., Elgin, Ill.

BOOK REVIEW.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION. By JOHN WILLIAM FYFE, M.D. 8vo. Cloth, $4.50. The Scudder Bros. Co., Cincinnati, O.

The above-named work fills an important and previously unoccupied field in medical literature. Dr. Fyfe has been prominently connected with the literature of the Eclectic school for but little less than half a century, and his long experience as a practitioner of specific medication has abundantly qualified him for the task of preparing a valuable work of the character above indicated. In his preface the doctor says:

"When the writer began to prepare the pages which follow it was his intention to revise and combine in one volume the two works of the late Professor Scudder on Specific Diagnosis and Specific Medication. The great advancement which has been made during the past third of a century in the Eclectic methods of practice, however, soon made it apparent that this would be to the writer an impossible task, for it was found that much new matter would have to be added in order to bring the work up to the present needs of the medical profession. This addition could not be made and still preserve Professor Scudder's unique arrangement and forcible diction. It was, therefore, thought the wiser and more satisfactory course to prepare a new work, based on the writings of Dr. Scudder and more recent authors, including the personal observations of the writer."

"Specific Diagnosis and Specific Medication" consists of two parts, the first of which, covering about 300 pages, is devoted to diagnosis, and is divided into appropriate chapters. In Chapter I normal life is interestingly considered, and is followed by a chapter on the cultivation of the senses as a means of diagnosis. Chapter III briefly considers disease as a method of life, clearly showing that it is the actual life of the sick. This is followed by a valuable chapter, covering about twenty-five pages, on the classification of diseases. Chapter V is devoted to various methods of diagnosis, and is followed by a chapter on diagnosis from a physiological standard, in which the various functions of the body are examined and their departure from health explained. This chapter covers sixteen pages, and precedes one on the diagnosis of disease by the sense of sight, which considers all diseases that can be determined by the eye, including specific symptoms and the remedies which oppose them. This valuable chapter covers fifty-five pages, and is followed by an equally instructive one of thirty-five pages on diagnosis by the senses of hearing and touch. Chapters then follow covering all means of diagnosis, including a very full, detailed and practical one on the examination of the urine in all abnormal states. This chapter alone would make a valuable book.

Part II opens with a terse chapter on the theory and practice of specific medication, followed by one on the study of specific therapeutics. The remaining portion of the book is devoted to a very *full treatise* on the therapeutics of all remedies employed by the Eclectic school of medicine.

This book should be in the library of every physician who wishes to *know* and *understand* fully up-to-date specific medication.—*New York Eclectic Review.*

CALENDAR OF STATE EXAMINING BOARDS.

(Corrected to July 1, 1910.)

Alabama—One board. Secretary, W. H. Saunders, Montgomery.
Arizona—One board. Sec., Ancil Martin, Phœnix. Ecl. mem. G. F. Manning, Flagstaff.
**Arkansas*—Three boards. Secretary Eclectic Board, A. J. Widener, Little Rock.
California—One board. Secretary, C. L. Tisdale, Alexandria. Eclectic members, Charles Clark, San Francisco, and M. M. Mason, Lodi.
**Colorado*—One board. Secretary, S. D. Van Meter, 1723 Fremont Street, Denver.
**Connecticut*—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.
**Delaware*—Two boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.
**District of Columbia*—Three boards. President Eclectic Board, E. B. Benson, 824 Fifth Avenue, N. E., Washington.
Florida—Three boards. Secretary Eclectic Board, S. F. Smith, Lakeland.
**Georgia*—Three boards. Sec. Ecl. Board, C. W. Miller, 192 North Avenue, Atlanta. Next meeting April 3, 1910.
Idaho—One board. Secretary, W. F. Howard, Pocatillo. Eclectic members, Russell Truitt, Cottonwood; G. M. Waterhouse, Weiser.
**Illinois*—One board. Sec., J. A. Egan, Springfield. Ecl. mem., W. R. Schussler, Orland.
**Indiana*—One board. Sec., W. T. Gott, Crawfordsville. Ecl., M. S. Canfield, Frankfort.
**Iowa*—One board. Sec., L. A. Thomas, Des Moines. Ecl., A. C. Moerke, Burlington.
**Kansas*—One board. Sec., F. P. Hatfield, Grenola. Ecl., C. J. Simmons, Lawrence.
**Kentucky*—One board. J. N. McCormick, Bowling Green. Eclectic member, G. T. Fuller, Mayfield.
Louisiana—Two boards. Secretary Homeopathic Board, Gayle Aiken, New Orleans.
**Maine*—One board. Secretary, F. W. Searle, Portland.
**Maryland*—Two boards. Secretary Homeopathic Board, Joseph S. Garrison, 848 W. North Avenue, Baltimore.
Massachusetts—One board. Sec., E. B. Harvey, Boston. Ecl., A. L. Chase, Randolph.
**Michigan*—One board. Secretary, B. D. Harrison, Detroit. Eclectic members, Wm. Bell, Belding; H. C. Maynard, Hartford. Next meeting October 12, 1909, at Lansing.
**Minnesota*—One board. Secretary, W. S. Fullerton, St. Paul.
Mississippi—One board. Secretary, S. H. McLean, Jackson.
**Missouri*—One board. Sec., J. B. Adcock, Warrensburg. Ecl., I. W. Upshaw, St. Louis.
Montana—One board. Secretary, W. C. Riddell, Helena.
**Nebraska*—One board. Sec., E. J. Sward, Oakland. Ecl., W. T. Johnson, Pawnee City.
**Nevada*—One board. Secretary, S. L. Lee, Carson City (Eclectic).
**New Hampshire*—Three boards. Secretary Eclectic Board, W. H. True, Laconic.
**New Jersey*—One board. Secretary, E. L. B. Godfrey, Camden. Eclectic member, D. P. Borden, Patterson. Next meeting at Trenton in October, 1909.
New Mexico—One board. Secretary, J. A. Massie, Santa Fe.
New York—One board. C. F. Wheelock, Regent's Dept., Albany. Eclectic member, L. H. Smith, Buffalo.
North Carolina—One board. Secretary, B. K. Hays, Oxford.
**North Dakota*—One board. Secretary, H. M. Wheeler, Grand Forks.
**Ohio*—One board. Sec., G. H. Matson, Columbus. Ecl. mem., S. M. Sherman, Columbus.
Oklahoma—One board. Secretary, F. P. Davis, Enid (Eclectic).
Oregon—One board. Sec., R. C. Coffey, Portland. Ecl. mem., H. E. Curry, Baker City.
Pennsylvania—Three boards. Secretary Eclectic Board, W. H. Blake, Philadelphia.
Rhode Island—One board. Secretary, G. T. Swarts, Providence.
**South Carolina*—One board. Secretary, H. H. Wyman, Aiken.
South Dakota—One board. Sec., H. E. McNutt, Aberdeen. Ecl., H. S. Graves, Hurley.
**Tennessee*—One board. Secretary, C. A. Abernathy, Pulaski. Eclectic member, W. H. Halbert, Nashville. Next meeting in May, 1910.
**Texas*—One board. Secretary, M. E. Daniel, Honey Grove (Eclectic). Eclectic member, J. P. Rice, Alpine. Next meeting at Greenville, November 9-11, 1909.
**Utah*—One board. Sec., G. F. Harding, Salt Lake City. Ecl., C. L. Olsen, Salt Lake City.
**Vermont*—Three boards. Secretary Eclectic Board, P. L. Templeton, Montpelier. Next meeting last week in August.
**Virginia*—One board. Secretary, R. S. Martin, Stuart.
Washington—One board. Sec., K. B. Turner, Seattle. Ecl. mem., J. H. Hoxey, Spangel.
**West Virginia*—One board. Secretary, H. A. Barbee, Point Pleasant. Eclectic member, C. W. Halterman, Clarksburg.
**Wisconsin*—One board. Secretary, J. V. Stevens, Jefferson (Eclectic). Eclectic member, A. B. Bailey, Fennimore.
**Wyoming*—One board. Secretary, S. B. Miller, Laramie.

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* Reciprocates. Some of these States reciprocate on the basis of an examination only; some on the basis either of a diploma or of an examination.

SOCIETY CALENDAR.

1 *National E. M. A.*—Pres., G. W. Thompson, New York; Sec., Wm. Best, Indianapolis. Boston, June, 1910.
2 *Arkansas E. M. S.*—Pres., G. A. Hinton, Hot Springs; Sec., C. E. Laws, Ft. Smith. Little Rock, May 11, 1910.
3 *California E. M. S.*—Pres., J. A. Farrar, Berkeley; Sec., J. P. Dougall, Los Angeles.
4 *Chicago Eclectic Medical and Surgical Society*—
5 *Colorado E. M. S.*—Pres., B. F. Richards, Denver; Sec., G. H. Chandlin, Eaton.
6 *Connecticut E. M. A.*—Pres., O. L. Massinger, Bridgeport; Sec., T. S. Hodge, Torrington. October 12, 1909.
7 *Florida Eclectic Medical Society*—
8 *Georgia E. M. A.*—Pres., R. M. Moore, Waleska; Sec., C. W. Miller, Atlanta. Atlanta, April 1, 1910.
9 *Illinois E. M. S.*—Pres., Geo. O. Hulick, E. St. Louis; Sec., Wm. E. Kinnett, Peoria. Chicago, May 18-20, 1910.
10 *Indiana E. M. A.*—Pres., E. B. Shewman, Waymansville; Sec., J. D. McCann, Monticello. Indianapolis, May, 1910.
11 *Iowa E. M. S.*—Pres., B. C. Mickler, Des Moines; Sec., P. F. Price, Milo. Des Moines.
12 *Kansas Eclectic Medical Association*—
13 *Kentucky E. M. S.*—Pres., T. A. E. Evans, Farmers; Sec., Lee Strouse, Covington. May, 1910.
14 *Los Angeles County Eclectic Medical Society*—
15 *Maine E. M. S.*—Pres., F. W. Abbott, Taunton; Sec., Josiah L. Wright, Durham. Portland, May 25, 1910.
16 *Massachusetts E. M. S.*—Pres., C. Edwin Miles, Boston; Sec., Pitts Edwin Howes, Boston. Boston, June, 1910.
17 *Michigan E. M. S.*—*Pres.*, C. S. Sackett, Charlotte; Sec., J. E. G. Waddington, Detroit. Detroit, June, 1910.
18 *Minnesota E. M. S.*—
19 *Missouri E. M. S.*—Pres., E. R. Waterhouse, St. Louis; Sec., Emmett F. Cook, St. Joseph. St. Joseph, June, 1910.
20 *Nebraska E. M. S*—Pres., F. M. Andrews, Lincoln; Sec., S. J. Stuart, Kenesaw. Lincoln, 1910.
21 *New England E. M. A.*—Pres., Thomas Mulligan, New Britain, Conn.; Sec., F. W. Abbott, Taunton. Boston, June 21-24, 1910.
22 *New Hampshire E. M. S.*—Pres., L. H. True, Laconia; Sec., Lillian J. Bullock, Manchester.
23 *Northeastern Ohio E. M. A.*—
24 *Northwestern Ohio E. M. A.*—
25 *New Jersey E. M. S.*—
26 *New York E. M. S.*—Pres., S. A. Hardy; Sec., Earl H. King, Saratoga Springs. New York, May 19-20, 1910.
27 *Ohio Central E. M. S.*—
28 *Ohio E. M. A.*—Pres., J. L. Payne, Cincinnati; Sec., W. N. Mundy, Forest. Springfield, May 10-12, 1910.
29 *Oklahoma E. M. S.*—Pres., R. E. Sawyer, Bokchitto; Sec., E. G. Sharp, Guthrie. Guthrie, 1910.
30 *Oregon E. M. A.*— .
31 *Pennsylvania E. M. A.*—Pres., W. O. Keffer, Frugality; Sec., E. F. Shaulis, Indiana. Harrisburg, May, 1910.
30 *South Dakota E. M. S.*—Pres., H. S. Graves, Hurley; Sec., M. E. Daniels, Madison. Mitchell, June, 1910.
32 *Southern California E. M. A.*—
33 *Southwestern Ohio E. M. A.*—
34 *Tennessee E. M. S.*—Pres., J. O. Cummins, Nashville; Sec., B. L. Simmons, Granville. Nashville, May 10-11, 1910.
35 *Texas E. M. A.*—Pres., G. W. Johnson, San Antonio; Sec., L. S. Downs, Galveston.
36 *Vermont E. M. A.*—Pres., J. H. Moore, West Rupert; Sec., P. L. Templeton, Montpelier.
37 *Washington E. M. A.*—
38 *West Virginia E. M. A.*—Pres., Allen Bush, Morgantown; Sec., W. B. Hartwig, Anthem. Clarksburg, May 2-3, 1910.
39 *Wisconsin E. M. S.*—Pres., A. Schreiber, Clyman; Sec., F. C. Haney, Milwaukee. Devil's Lake, June, 1910.

Secretaries will please keep us informed as to changes of officers, meetings and dates.

Dr. Wooster Beach.

Dr. Hans Burch Gram.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME I. CINCINNATI, O., DECEMBER, 1909. NUMBER 2.

PATHFINDERS.

H. W. FELTER, M.D., CINCINNATI, O.

The Homeopathist as well as the Eclectic physician of to-day should find much to interest him in the decade of our national life, comprising the years between 1820 and 1830. Historically, this decade might appropriately be called the period of renaissance as well as the "era of good feeling" in American affairs and progress. Believing that we largely neglect the historical side of medicine, and that it is well for us for a brief hour to lay aside the customary duties of the present, I shall ask you to turn backward to-night along the pathways of American achievement, especially in medicine, and note who were some of the pathfinders and what the paths they trod. To better appreciate the subject, let me briefly touch upon a survey of the times in which these pioneers lived and labored.

The period of which I speak is one of the great beginnings. Although each decade of our early national life has been one of exceptional growth, yet the ten years referred to seem to have been pre-eminent in the inauguration of great movements, great inventions, and, in some directions, for the opening up of greater liberality in thought and creed and education. Singularly, both orthodox medicine and orthodox theology were slow to participate in this liberality, and stubbornly resisted the progressive ideas that were soon to be forced upon them. Therefore, I repeat, may I invite you to go with me to-night back into the distant past and note some of the conditions that confronted the citizen, and some of the events which engrossed his attention in the years of our nation's youth, the year of 1825 particularly.

Our country, at least that portion most densely populated, lay from the Atlantic seaboard to the western boundary of Pennsylvania. Settlements were fast being made as far as the Mississippi, and a few cities of consequence had arisen west of the line mentioned. Detroit was then in the far northwest, a settlement of less than 2,000 souls, and well-known on account of its war record. The largest city in the West was Pittsburg. New York, then as now, was the great metropolis. That year, having outstripped Boston in population, she had within her corporate limits but 166,086 people, or about one-half the present population of Cincinnati, while Brooklyn was a mere village with nearly 10,000 inhabitants. Only by waterways could the people of these two places, now so inseparable, reach each other. The brain of a Roebling was yet to plan and construct the great archway that now

spans the intervening channel and science to tunnel the land beneath the river. The great city of Chicago was, in 1830, but a hamlet of log houses, inhabited by less than one hundred people. The population of our whole country was slightly above ten millions, about one-eighteenth of all the people resided in the cities, and the number of physicians, all told, did not exceed 10,000.

In 1825 our own Cincinnati was yet a small town of about 16,000 inhabitants, and the sparkling wines for which she was so famous in her youthful days were first produced in marketable quantities, whilst a year was yet to elapse before her people were to read her first daily newspaper, *The Commercial Register*. In 1825 we find the whole country absorbed in two chief events, one the visit of Lafayette to this country, the other the opening of the great Erie Canal, the much ridiculed ditch that was to prove the mighty civilizer of western New York. Civilizer, we say, for some good idea of the wildness of a portion of that great State may be gathered from the fact that nearly $90,000 was paid out of the State treasury as bounties for the destruction of wolves in its confines during the decade of which 1825 was the pivotal year. Can we of to-day appreciate the feelings of those who held in their hands for the first time a newspaper printed for Sunday sale and circulation? Yet even in 1825 the times were not ripe for so radical a departure, and the *Sunday Courier* of New York, for such was the pioneer sheet, was suspended in less than one year for want of support. The friction match, now so indispensable and yet threatened in some quarters with supersedence by electrical means of ignition, was then an unknown luxury; the tinder-box and flint and steel still were the common implements for providing a spark. Yet in 1825 even these began to be laid aside to allow the use of a novel invention for lighting a fire, consisting of a bottle filled with an acid and cotton surmounted by phosphorized pine sticks. The school slate, for a half century at once the joy and sorrow of the school boy, was first made in this country in that year. In the same year the first steam printing press in this country was set up in New York City and the first book so printed issued from it. The fruits of American inventive genius were just beginning to supply the world. Labor-saving machinery was devised for work that hitherto had been done only by hand. The farmer to this date had beaten out his grain with the flail, or had it trodden out by the feet of oxen, or separated by the pegged roller. Now his burdens were lightened by the first threshing machine, and a few years later appeared the reaper and the harvester, though not without opposition, even to bloodshed, on the part of farm laborers, who thought they saw in it a device to rob them of the wages of honest toil. Cutlery and edged tools were now first made in America, and the use of anthracite coal was fast displacing the log fire. Bricks were being made by machinery, fire bricks were invented, paper was first made from hay and straw, and the smoky lamp that lighted the streets only when the moon did not shine now gave way to the more brilliant gas flame. Still, for years to come the tallow dip and the tallow candle yet flickered throughout the evenings in the rural, and in many of the city,

homes. For long years afterward the grease-spot upon the well-thumbed page told of the struggle for light through knowledge acquired under difficulties at which we of to-day would recoil.

Great deeds were wrought in this period, and men whose names were to be renowned in history were in the public arena. Jackson and Clay and Calhoun and Webster were the giants in statesmanship in America and John Quincy Adams was at the nation's head in 1825. But four years previous the turbulent spirit of the great Napoleon had left its captive tenement of clay while nature lashed the waves in a terrific thunder storm upon lonely and rocky St. Helena. He before whom the greater part of Europe had bent the knee had come and gone and left his greatest impress for good on civil rather than on military affairs.

As the warrior statesman passed to the great beyond, so also fled the soul of the gentlest of poets, the physician Keats, he who, in the exquisite songs and other Hellenic beauties, had immortalitzed ancient Greece as had no other man. A year after the death of Keats, Shelley's body was given up by the waves and washed ashore to be cremated and placed at rest in the same burial ground at Rome that held the remains of Keats. Greece was now in the world's lime-light, and Byron, who, it has been well said, in death served her perhaps better than in the flesh, passed from among the living in 1822.

The decade of which I speak was the golden age of music and an era of letters. Beethoven, though old and deaf, and in two short years hence to pass from this life, had just given the world his great and enduring Ninth Symphony, and Von Weber had brought out his brilliant opera, "Der Freischütz," while Meyerbeer and Mendelssohn were just entering upon their brilliant musical careers.

Heine now charmed the poetic world with some of his earliest lyrics, and from the facile pen of DeQuincey flowed the "Confessions of an Opium Eater." Cooper had enriched American literature by those epic romances—"The Pilot" and "The Pioneers"—which helped our forefathers to while away the long winter evenings. These were the days when the home was the Mecca of the husband and father and when clubs and other distractions were not conveniently at hand to lure him from his family. The village tavern and store were the most conspicuous gathering places, and here he tarried but long enough to eagerly read and discuss the news which the overland post brought at long intervals. Youth and pedagogues were now delighted at the appearance of Fitz-Greene Halleck's famous "Marco Bozarris," subsequently to be declaimed from the rostrum of almost every little red school house and public platform throughout the land. Great events that were destined to shape our national life and policies had just taken place, and these furnished the chief topics for discussion in every hut and hamlet.

Be it remembered that in 1825 our republic was but thirty-six years old. Lewis and Clark had laboriously opened up the path to the great Northwest in 1803, and our national area had been more than doubled by the Louisiana

purchase in the same year. Cotton culture had jumped into amazing prominence through the invention of the cotton gin a few years before. The importation of slavery from other countries had been forbidden in 1807, while in the same year the first successful navigation of steamboats constructed on present plans had been made possible by Fulton's "folly." Ohio, never lacking in interest to us, was now assuming great importance among the States, and from a trackless wilderness and still largely forest crowned, had become the fifth State in population. As if preparing for the mighty conflict yet nearly two score years in the future, it could now be seen that national political leadership so long in the keeping of the South, was gradually but surely passing to the North.

While great progress marked this age, greater wonders were yet to be wrought. Though medicine had been but five years before enriched by the isolation, by Caventou and Pelletier, of quinine, so potent for good or for evil, six years were to elapse before Guthrie was to place his name on history's page as the discoverer of chloroform. Rapid means of transit and transportation that had long been in the day-dreams of men were now to become living realities. Short railways had been built and cars were operated at mines by gravity and pulled back by mules, yet the now familiar puff of the locomotive was two years distant to American ears, and steam railway travel was expected by but few to ever become an accomplished fact. But it is the unexpected that happens. Stephenson in England became famous in 1825 by winning the celebrated race with his "iron horse" pitted against the real horse. His success brought the introduction of a bill into Parliament for a similar railway between Liverpool and Manchester, and the incident well displays the temper characteristic of the times. The bill was fought bitterly and defeated by a vote of 37 to 36, and what were the enlightening arguments advanced among others by two of the noble lords? "Stephenson's locomotives," they declared, "would poison the air, kill the birds as they flew over them, destroy the preservation of pheasants, burn up the farms and homesteads near the lines; that oats and hay would become unsalable because horses would become extinct; traveling on the highways would become impossible; county inns would be ruined; boilers would burst and kill hundreds of passengers." Indeed, there was no peril, records the historian, "that was not predicted to attend the working of a railroad by steam." The bill was thrown out by a vote of 37 to 36. After a second parliamentary battle better sense prevailed, and the bill passed through both houses by a majority of forty-seven votes. The passage of this act alone cost England £27,000. In two years America was to imitate England in providing a steam railway. Even then the American public was skeptical of success and editors forecasted unfavorably. As an evidence of the public sentiment of the time concerning changes and improvements, and particularly railroads, the following extract from *Niles' Register,* of January 3, 1829, may be of passing interest. The editor says: "The public mind is every day more and more settling into a belief that railroads will supersede canals, or at least be preferred, unless when the latter can be made

under peculiarly favorable circumstances, for certain reasons, best fitted for some public business. It is believed that railroads are much less expensive than canals as to their construction or repair, and transportation on them is far less liable to interruption on various accounts, and may be continued throughout the whole year. The ascent of considerable heights over which railways shall pass will possibly be assisted by stationary engines or the use of additional horse power, but we rather think that from improvements now presented, locomotive engines will never come into general use, the power necessary for the transportation of ponderous commodities being so reduced as to become unworthy of much consideration compared with the work performed." Certainly the outlook was not optimistic.

Many years were to elapse before the cricket-like click of the magnetic telegraph was to add to the impatience of him who waited in the stations for his train. Transoceanic travel was still accomplished by means of sailing craft, and though steamships had been thought of and even attempted, the powerful steel-girt liners and battleships we now know had scarcely figured in the visions of the most hopeful optimist. Years thereafter steam navigation was regarded as impracticable by even the most enthusiastic and progressive men, and the great scientist, Dionysius Lardner, while lecturing in one of our large seaport cities, declared that transatlantic steam navigation was impossible, because no ship could be built strong enough or large enough to carry the necessary quantity of coal to generate sufficient steam for transit. While he was making this extravagant statement a mighty vessel steamed its way into the harbor from Liverpool.

Thus the nation grew, and with its expansion ever diverging paths were created. Yet in the face of this great growth and events of promise, there was then, as now, no end to the numbers ready to oppose every semblance to progress. Had these been heeded their posterity would have been long on the road to the triumphs of steam and electricity. Theirs were the spirits that belonged rightfully to the stone age, and yet were they quick to demand their share in the benefits to accrue from that which they so stubbornly opposed. We have only to recall the rise of steam railways and of reapers to refresh your memories on this point. Despite the opposition of the pessimistic and the non-progressive, the nation was awakening. The new waterways, the subjugation of hostile Indians, and the exodus to the "Great West" gave the country a new life. Emigrant trains were seen passing in continuous streams across the States to the Ohio and Illinois countries. The great ordinance of 1787 had made a large territory forever free from slavery and made possible future commonwealths that have never been surpassed in the intelligence and loyalty of their peoples, their educational systems, their religious tolerance, and their commercial, social and political progress. Such were some of the phases of life and progress in and around the year 1825. Time forbids more than a brief memoranda of the great events, the great inventions, and the great men of this period,

nor can the lights and shadows of the social fabric be touched upon. But what shall we say of medicine?

The doctors in our nation's youth were largely self-made in the sense that they were not college made. The student could study for a few months under the tutelage of a practitioner who had acquired his knowledge in a like manner. His preliminary course, which was by far the longer part of his term, was made up of attendance upon his preceptor, caring for his horse and saddle-bags, or perhaps his gig, if he possessed one, and the compounding of nauseous and complex mixtures and cleaning up the office. If time permitted after these chores were done he could read from the books of his preceptor's meager library. Thus he acquired such knowledge as could be obtained from Cullen's "Outlines of Physic," Rush on "Yellow Fever," Cullen's "Materia Medica," Bigelow's "Sequel," Chapman's "Therapeutics," Horner's "Anatomy," Thacher's "Dispensatory," Duncan's "Edinburgh New Dispensatory," and similar works of the period.

Occasionally it was the good fortune of the student to see patients with his master or to assist him in minor surgical procedures. After a time so spent he could set up for himself or be licensed by some medical society as qualified to hold in his keeping the lives of his patients. Many of these students possessed great natural ability, a keen sense of observation, and much adroitness in the handling of surgical cases. It was from this class that many of the most noted American physicians arose, while some who became more eminent as surgeons obtained their primary training under little better advantages. Taken as a whole, were these men fitted to say to those who should come after them, "Thou shalt not practice any form of medicine, or in any manner differing from that which I now hold, or that my instructors have put their seal of approval upon!" Living in an awakening period of our history, yet were these men slow to permit the encroachments of the innovator, and quick to persecute those who honestly differed from them. But we must throw the mantle of charity upon their shortsightedness, for it was most largely due to the dogmatic spirit and customs of the times. Narrowness that had so long prevailed in everything educational and religious was only just beginning to give place to broader toleration. Few dared to depart from the orthodox ways of the church, or to enter protest against existing creeds or beliefs. The pew reflected the pulpit without deviation. Not less circumscribed was the field of medicine; not less narrow was the doctor of physic. In all things tending towards advancement the medical profession was nearly at a standstill, and in this respect lagged behind the procession, walking dolefully alongside the clergy. Mumford has written, with truth, "that throughout history the man of action comes first, the fighting male with his fists, his club, his battle axe and his sword. After him the poet, telling of his deeds. Then, after a long interval, the philosopher and the man of science."

Men of science were slow in making their appearance in our country in the days of which we write. Although America was more than three hundred years old and our nation had run her three dozen years, scientists

were scarce, and medicine could boast of but few names worthy to be inscribed on history's scroll. Doctors—better, practitioners—were many, and old systems and theories were persistently and doggedly adhered to. He who had the temerity to offer anything new in medicine put himself in jeopardy and was looked upon askance and regarded with suspicion in his every move. A few were charitable and significantly tapped their heads and looked wise. Medical heresy was talked of loudly in season and out of season. And yet American medicine went on from day to day in the orthodox trend, adding little to the store of lore gathered from the teachings of Boerhaave, Brown, Cullen and Broussais.

Such is a passing glimpse of the times which I would have my hearers fix in their memories as co-existent with other events which we regard as of as great interest as any we have noted—political, martial, social or industrial. I refer to the awakening in medicine by the introduction of two systems contrary to the prevailing medical thought and practice—two systems which have triumphed, each in its own good merits, despite the intolerance they had to overcome and the abuse which has ever been the lot of those who sought to intrude truths in the strongholds of error. It was the fate of Galileo and his theory of motion, of Copernicus and his telescope, of Harvey and the circulation, of Newton and gravitation, of Jenner and vaccination, of McDowell, Smith and Burnham and ovariotomy, of Koch and the consumption bacillus. So it was the fate of those to whom I am now about to refer but briefly.

Had one in quest of something new searched New York City in 1825 his attention might have been directed to two individuals who had come to the city to promulgate novel theories, and, incidentally, follow their vocations. The mission of the one was to introduce a new practice of medicine which he had learned and pursued in Europe; that of the other to reform the existing practice by the elimination of abusive and drastic measures, and the substitution therefor of milder remedies and gentler procedures. The one was to advance a theory wholly new, based upon a newly discovered law of cure; the other to correct and modify an existing form of practice. So far as we have any knowledge these men were not known to each other, but both soon realized that they were become the objects of persecution and medical ostracism. Both came at a time when not only the learned doctor but many of the people were quick to cry quack, humbug and impostor! The medical atmosphere had already been severely stirred by the unlettered but courageous Samuel Thomson, who had so agitated the "powers that be" in the dominant medical party that they were quick to resent anything or repulse anyone who dared offer anything in medical philosophy or practice that had not been inherited from the past and approved by the leaders of their cult. Thomson, honest and tenacious, like many another reformer, had been scourged for heterodoxy and had languished in the prison cell. Yet this did not quench his fire, and by his persistence he did more than any one individual in America to open the pathway to medical toleration and the freedom from personal abuse which we enjoy to-day.

In consequence of this bitter antagonism the paths these men trod were rough and beset with the rocks and thorns of professional intolerance. But like all the great pathfinders of history they were led on by the one great motive—the search after helpful truth and its publication as they saw it—a motive that has led to success in every great attempt at benefaction to mankind.

The pathfinder whose great privilege it was to introduce the theory and practice of Homeopathy into this country was Dr. Hans Burch Gram,* around whose early life there twines much romance and pathos. Though the grandson of a Danish merchant sea-captain, it was his fortune to have been born an American. His father, also named Hans, left Copenhagen while a young man to become the private secretary to the governor of the Danish island of Santa Cruz. Having occasion to visit and make a tour of the United States, accompanied by his servant, he chanced to put up at a hostelry in Boston kept by a Mr. Burdick. Here he quickly became enamored of the daughter of his host and straightway sought her hand in marriage. At once relinquishing his position under the Danish governor, he settled in Boston. The sea-captain, his father, who was wealthy, was greatly displeased with this romantic alliance, and young Gram was promptly disinherited. Better sense came to the old captain, who, on his deathbed, in 1802, relented, leaving to his son the greater portion of his fortune. The next year, as the son was about to sail to Copenhagen to claim his inheritance, he was seized on the night before his expected departure with a colic which caused his death in a few hours. Two years later the widow, the mother of Dr. Gram, joined her husband in the sleep of death.

To this couple so romantically joined and so pathetically separated were born at least two children. The one to claim our interest is Hans Burch Gram, whose birth occurred in 1786, making him eighteen years old when he became an orphan by the death of his mother. Resolving to secure his portion of the inheritance of his father, he proceeded immediately after his bereavement to Copenhagen. The property had decreased somewhat in value and he succeeded in obtaining only a portion of his rightful possessions. But here he found riches in another sense. His uncle, Dr. Fenger, was in high station at the Danish court, being one of the king's physicians. At his earnest solicitation the young nephew took up the study of medicine, and finally graduated in the capital of Denmark, with the highest of the three degrees granted in that country. This was in the year 1814. Connected as he was with the royal physicians and standing high at court, he soon had exceptional opportunities in connection with the Royal Military Hospital, serving in that institution during the last seven years of the Napoleonic wars. Besides, he rose to the high rank of assistant physician to the

* The portrait of Dr. Gram, accompanying this paper, was drawn from memory twenty years after his death. According to Dr. John F. Gray, his friend and biographer, it is surprisingly accurate and well recalls his features to those who knew him. The picture from which we copy forms the frontispiece of the July, 1867, issue of the United States Medical and Surgical Journal. For this portrait we are indebted to the Homeopathic historian, Dr. F. L. Bradford, of Philadelphia, who pronounces it the only authentic one extant.

king. After a period of service in this capacity he entered into general practice in Copenhagen, following it for several years, and is said to have enjoyed the companionship of the best medical scholars and the eminent men of Denmark. So lucrative had his practice become that at the age of forty he had acquired a competence, and was enabled to largely aid his relatives in the new world. Herein we have the brief record of the first half of his career, a career at once brilliant and promising. Still this man did not feel satisfied that he was making the best use of his talents. He was not narrow; he was not bigoted. The novel views of the illustrious Samuel Hahnemann were now attracting many of the learned minds of Europe, and with characteristic open-mindedness Dr. Gram had taken pains to dispassionately investigate them. Moreover, he put them to the test not only in his practice upon others, but upon himself. He became convinced that the new path was better than the old one, and utterly disregarding professional and social considerations he boldly entered therein.

Believing now that he had reached the long-sought truth, he desired to herald it abroad. Born an American, his thoughts naturally turned to his native country, and longing to return to it he embarked for the new world with his new-found theory. Hopeful and happy, he deluded himself with the belief that America would glady accept from him the new message; and, moreover, he was desirous to be the one to introduce it to his countrymen. Arriving in New York, in the beautiful springtime of 1825, he immediately sought his brother, who resided at 431 Broome Street. Having plenty of money and a heart full of generosity, he endorsed notes for the latter to the extent that he lost all his property. Cruel as his fate may seem, it was to the good fortune of Homeopathy, for Dr. Gram was now compelled to practice his art, and this time he made it purely according to Hahnemannian principles. With ethical fidelity, he addressed not the people but the medical profession directly. Dr. David Hosack was then the Nestor of the orthodox profession in the metropolis. To him Dr. Gram dedicated the first Homeopathic production in this country—a 24-page pamphlet, titled the "Character of Homeopathy," it being a translation of Dr. Hahnemann's "Spirit of Homeopathy." This courteous act, intended as a kindly offering to enlighten physicians concerning the views of the "great master," owing to peculiar idiomatic expressions, was not well understood, nor was it well received by the profession.

Gram, keenly cut by the unmerited neglect which followed, ceased to write. He soon found that physicians whom he regarded as his friends turned upon him and pursued him with a vicious and unrelenting vindictiveness, which followed him throughout all the days of his life. Such is man's humanity to man; and such was the reward reaped in that date by one who attempted to do good to his fellow man!

Broken in spirit, but yet determined, Dr. Gram pushed on. He now began a missionary work that was to lead to a great and worthy result. Of his course much might be said, but time and space forbid more than a few items. It is plain, however, that he went to work quietly and earnestly,

and always honorably and judiciously, to instruct others in his new-found practice. Being a freemason, there sprung up between Dr. Gram and a brother mason, Dr. R. B. Folger, an intimate and lasting friendship. The latter having some intractable cases, some of which he regarded as incurable, placed them under the care of Dr. Gram, who had asked the privilege of treating them Homeopathically. The result as recorded was twofold—the speedy cure of the patients and the prompt conversion of Dr. Folger. Before the complete conversion of the latter, however, another fellow-mason, Ferdinand L. Wilsey, a merchant and manufacturer, was cured by Dr. Gram, who also interested him in the new practice to such an extent that he began to practice it under the title of doctor, but without charging any fee for his services. Mr. Wilsey was, therefore, the first convert in the United States to the doctrine of Homeopathia, as well as the first American to make any pretensions to the practice of it. He was devoted to his preceptor, Dr. Gram, was with him during the trying hours of his last illness, and was the last to leave him in his final resting-place. The next to fall under the guiding mind of Gram was one who was destined to become a power in Homeopathy, and one whose name sheds luster upon her history. John F. Gray had been a student under Hosack and Francis of the dominant school, and had been a surgeon in the navy and in the New York Hospital. At first he actually refused the offered hand of Dr. Gram, but finally became one of the most noted of his converts, and the one to be largely instrumental in carrying forward the pioneer movement. He became both popular and wealthy, and instructed and graduated many students without asking or accepting fee or price. He is regarded as the first scientific Homeopathic physician in this country after Dr. Gram. We might extend this list to include many names, but among the more distinguished who were guided in the new law let us not overlook Abraham D. Wilson, who had the largest practice in New York City, but sacrificed it to follow his convictions; Daniel E. Stearns, converted from the dominant belief in 1829; Amos Gerald Hull, the first student of Homeopathy who underwent the public and recorded examination before the Medical Society of the County of New York, and who subsequently distinguished himself in a long and successful editorial career; William Channing, converted from the old school to become the first believer in the all-sufficiency of Homeopathy, a veritable purist, and whose conversion first awakened the dominant school to a vigorous opposition to the new cult; Joseph T. Curtis, a professional scholar, who had passed a brilliant examination and whose rare attainments were the subject of favorable comment by Valentine Mott and Willard Parker, both distinguished surgeons of the dominant school; Stephen R. Kirby, who reluctantly and cautiously embraced Homeopathy to subsequently pursue it with great ardor, and to become one of the first to establish an Homeopathic dispensary, and to become the editor of the *American Journal of Homeopathy,* and a teacher in the colleges of the faith; and, finally, the much revered and devoted Homeopathist and friend and biographer of Dr. Gram, Dr. Federal Vanderbergh, who lived to a ripe

old age, and was always an honor to his cause. This distinguished group were all men of high character and ripe scholarship, and no greater honor could any man have wished for than to have had such as these for his pupils and followers.

The remains of Dr. Gram rest in Greenwood Cemetery, on the lot of and by the side of his friend and pupil, Dr. John F. Gray, who so beautifully wrote of the last days and the character of this noble pathfinder:

"Gram failed in health entirely just as the new period began to dawn upon us. Broken in heart by the misfortunes, insanity and death of his only brother, upon whom he had lavished all the estate he had brought with him from Europe, he was attacked by apoplexy in 1838, and after many months of suffering he passed away, February 18, 1840. Wilson and I tenderly cared for him, and Curtis watched him as a faithful son would do to a beloved father. He was an earnest Christian, of the Swedenborgian faith, and a man of the most scrupulously pure and charitable life I have ever known. In the presence of want, sorrow and disease, secluded from all observation of the world, he ministered with angelic patience and with divine earnestness. The squalid hovel of the sick poor was to Gram ever the most holy temple of religion; its atmosphere consecrated his whole soul to the strongest exertion of his many-sided wisdom, the most perfect and potent application of his painstaking art. His conscience was then all alive to heavenly inspiration. No darkness or wintry storm, or failure of strength, or allurement of the world, detained Gram when the suffering poor needed his healing presence. He believed in God; he worked and walked his pilgrimage with his Redeemer."

The pathfinder and founder of Eclecticism was an American and of distinguished American ancestry. Wooster Beach was born in Trumbull, Connecticut, in 1794, and was, therefore, some years younger than Dr. Gram. He was connected with the Woosters of Connecticut, one of whom, General David Wooster, served with distinction in the Revolutionary War, giving up his life in aiding the country to win her independence. Of the boyhood life of Dr. Beach we know nothing. While he eventually acquired a fairly good education, it is not at all likely that he received what was even then regarded as a liberal schooling. However, we have evidence that early in life Dr. Beach showed a strong leaning toward education, which finally shaped itself into an ardent passion for reseach, particularly in the fields of theology and medicine. A strong distrust and antipathy to the current medical practice of his day marks his entrance into a subsequently eminent career. He pursued eagerly all the adverse criticisms upon medicine, such as were frequently indulged in by the leaders of medical thought, among whom may be mentioned the celebrated Dr. Benjamin Rush, of Philadelphia. He paid particular attention to the results of heroic medication, and was appalled by the sights that he beheld in the recognized regular practice of medicine. Says he, in that rare publication, "The Rise, Progress and Present State of the New York Medical Institution and Reformed Medical Society of the United States," published by him in 1830:

"With such facts staring me in the face, my soul was filled with indignation at these instruments of cruelty and misery, administered under the

specious pretext of removing disease. These sentiments 'grew with my growth and strengthened with my strength.' Constant observation confirmed me in the truth of these things, and I felt a deep solicitude to effect a reformation; but how to do this I knew not."

Young Beach had no idea that there was a single individual in existence who practiced medicine on different principles, until one day he learned of a celebrated physician named Jacob Tidd, practicing in a secluded place in New Jersey. His name and fame had gone abroad as that of a very skillful practitioner, and his praise was in the mouths of the people. Beach sought him without delay, and found that "the half had not been told." The methods and means of Dr. Tidd were far more humane than any he had observed in the dominant school, and Beach asked to be instructed by him. Suspicious lest his means of livelihood would be wrested from him, he flatly refused to receive Beach, as he had many others who had applied for the same privilege. Beach was very devout, nor did he lack in persistence and determination. He felt that he must study and practice medicine to reform its abuses. To use his own words, he says: "I was obliged to return home disappointed. But the same anxiety continued; and I felt, respecting my one desire, something as the Apostle Paul is represented to have felt respecting religion, when he said, 'A dispensation of the gospel is committed unto me, and woe be unto me if I preach not the gospel!'"

Repulsed and disappointed, yet was Beach not disheartened, and he repeated his journey to the aged doctor, only again to meet defeat. He next turned his attention to pedagogy, and followed the vocation that has shaped the career of so many doctors, then and now—that of a common school teacher. Beach himself relates:

"After teaching school awhile, I turned my attention to mercantile pursuits. But this appeared not to be the sphere in which Providence designed that I should move. A series of misfortunes attended all my pursuits. But it is remarkable that, in whatever business I was engaged, I never ceased praying the Almighty that he would yet enable me to learn this practice, which I so much desired, and, like the importunate widow, continued my intercessions for the space of six or seven years, and during most of which period I was several hundred miles from the doctor's residence. But a well-directed train of events finally brought me to Philadelphia, and I concluded once more to pay a visit to the old doctor. I went, and it happened (but I will not say it happened, for it was providential) just at the time when a grandson of his had emigrated to the western country and left him without assistance. When I again made my errand known, he appeared pleased, and gave me encouragement. I informed him that I came with a determination of staying, and did not mean to leave his house till I learned his knowledge of the healing art. He finally gave his consent, provided I could obtain that of his family; and, after much hesitation, fearing I should make known the practice to their injury, they agreed to receive me. I remained with him a sufficient length of time to learn his practice, when he departed this life at the age of seventy-four years. . . . I then succeeded him for some time, until I was called to this city (New York) to treat some difficult cases, which, having cured, I was introduced into practice. Having located myself here, I attended a course of lectures in the University of the State of New

York, during the time Drs. Post, Hosack, Mott and others were professors. I concluded this was best, were it only to detect the errors of the modern practice; and subsequently I obtained a diploma, according to the law of the State, which, should any wish to peruse, they will find it recorded in the county clerk's office, in the City Hall, New York. And to refute calumny, I will here subjoin the recommendation of the Censors to the President of the Medical Society, viz.: 'We certify that we have examined Dr. W. Beach, that he has produced to us sufficient vouchers that he has studied the practice of physic and surgery the term required by law; that he possesses a good moral character, and that he has sustained an examination before us which does him honor; and we cheerfully recommend him to the President of the Medical Society for a diploma to practice physic and surgery.' "

Dr. Beach at once began his active career. He learned much from a Dr. Ferris and other botanic physicians, and, in fact, from any source which promised a reform in medicine. It was about the year 1825 when he located in New York, at 93 Eldridge Street. He practiced with marked success, instructed private students, and dispensed medicines. He now conceived a plan for a clinical institution and a medical school, and accordingly opened, in 1827, the United States Infirmary, and in 1829 the Reformed Medical Academy, which in 1830 became the Reformed Medical College. Among those connected with this school, either as students, and some as teachers, were many who subsequently became distinguished leaders and authors in the Eclectic school. In 1829 a pioneer national society was formed, known as the Reformed Medical Society of the United States. Of this Dr. Beach was elected (November 29, 1829) president. From this society was sent out, on May 3, 1830, a circular of resolutions which culminated in locating the Reformed Medical College of Ohio at Worthington, Ohio. In 1832 he distinguished himself in New York City by his success over his competitors in the treatment of Asiatic cholera, he having been assigned to treat the out-door poor of the Tenth Ward. Dr. Beach subsequently became much interested in religious controversies, and published papers and magazines in support of his views, among them the *Battle-Axe,* the *Ishmaelite,* the *Medical Reformer* and the *Telescope,* a weekly journal on religious, social and medical topics. Upon the establishment of the Eclectic Medical Institute Dr. Beach was added to the faculty, in December, 1845, as Professor of Clinical Surgery and Medicine, holding his position for one session, when he was made an Emeritus Professor, and later was dropped from the faculty, not being altogether acceptable to Profesor Buchanan and his associates. He also lectured one term at the Central Medical College of New York. In 1855 he was made president of the National Eclectic Medical Association. Since that period there seems to have been a coldness between Beach and the other teachers of Reformed and Eclectic medicine. About the latter part of 1855 Dr. Beach began a two years' tour of inspection of the hospitals, public and private, of Europe, in order to collect new material for a revised edition of his "Practice." Dr. Beach was a voluminous writer. Besides his professional labors and editorial work, he published, in 1833, the first great work on reformed medicine, his three-volume com-

pilation, "The American Practice of Medicine," which at once became the standard work on practice among the reformers, and received gold medals and other distinctions from foreign potentates and distinguished European physicians. It was afterward condensed into one volume, and had a large sale, and contributed greatly to the popularity of the reform movement. In 1850 a new edition of his larger work was published, being embellished with the engravings of medicinal plants from Rafinesque's "Medical Botany." This edition, however, proved a pecuniary loss to him. He also prepared a "Medical Dictionary," a work on Midwifery, with elegant plates, and a "Human Physiology." On account of his excellent works he was made a member of several European medical societies. Shortly after his connection with the Institute a heavy blow fell upon him in the loss of a favorite son, by drowning in the East River. This son he had hoped would continue his reform movement. From that time on his life was saddened. Though he travelled from point to point and instructed students, and delivered lectures from time to time, and even purchased a large and expensive anatomical museum in Paris, with a view of founding a great medical institution, his life's work had been accomplished, and he keenly felt his inability to carry out his designs. For years after he sufered from mental despondency, and died in 1868. Dr. Beach married Miss Eliza DeGrove in 1823, by whom he had seven children. Two of his sons became practitioners of medicine of the dominant school. Dr. Beach was tall, heavy-boned, and of dark complexion. He cared little for the conventionalities of life, and possessed poor financial ability. Dr. Horatio Firth says of him:

"Dr. Wooster Beach was in many respects a remarkable man. He was brimful of restless enthusiasm. He labored as one having faith in the purity of his mission. His devotion to the cause of medical reform was without a parallel in the history of medicine. He considered no sacrifice too great, no labor too hard, if he could only thereby advance the interests of medical reform. Although Dr. Beach possessed but limited capacity as a lecturer, and was not in reality a highly educated man, he was, nevertheless, one of the greatest compilers and collectors of medical experiences that the reformed practice has ever known. His intimate knowledge of the nature of disease and of the action of remedies, and his skillful plan of treating all diseases, were appreciated by his patients, and even acknowledged by his enemies. Notwithstanding all that he did, he was one of the poorest of financiers. He was ever writing and publishing books, periodicals and papers, but shrewd and designing men were ever on his path to pocket the proceeds of his labor. He collected great museums, but never realized any pecuniary advantage therefrom. He organized societies, colleges and infirmaries. He labored with untiring zeal to relieve the distressed, the sick and the poor. He visited various parts of the country as consulting physician, and to the pursuits of his profession he gave untiring diligence; but for all this ceaseless labor he scarcely received money enough to secure him a livelihood."

In many respects both Gram, the Homeopath, and Beach, the Eclectic reformer, resemble each other. Both were of excellent lineage—Gram of

distinguished old world ancestry, Beach of typical New England gentry. Both were American by birth. Gram had the advantage of a liberal education and exceptional opportunities for a full medical training. Beach's education, however, was most largely self-acquired, and his medical instruction preceptorial and supplemented with such meager advantages as were afforded by the New York Medical University. Both were men of great industry and determined seekers after truth. The one was a close follower of the masterful Hahnemann and sought to verify and strengthen the tenets advanced by the master-mind; the other, a keen observer, balanced by good judgment, seized upon the good before him and sought for additional knowledge in every available quarter where a helpful truth could be uncovered. Gram adhered to a single law; Beach was typically Eclectic, according to the old meaning of the word. Gram, as has been said, was sensitive to criticism and neglect, and on this account ceased to write. Beach, on the other hand, indifferent to criticism, was an industrious compiler and a voluminous writer. He was inclined to be controversial, expected vicious attack and met criticism boldly. In the lives of both men one trait stands out pre-eminent—they were devoutly Christian. They were also intense lovers of their fellowmen, whose condition they sought ever to improve. Both trod the path of physical and mental sorrow, the one grieving to death over the insanity of his brother, the other over the loss of a favorite son, to finally himself pass away enwrapped in the gloom of mental decay. Both Gram and Beach, believing they had entered upon the pathway of righteous medicine, "hid not their light under a bushel," but surrounded themselves with men of culture and attainments and taught them freely and fully of their new doctrine.

Gram and Beach were only men, not gods. They were good men and great. In all their acts we discover foremost their intention to see, to do, and to be right. Their ideal was Truth in humanity's behalf, and for Truth's sake they sacrificed themselves on the altar of devotion to principle.

In these short sketches has been briefly outlined the story of the lives of these two remarkable men. Pathfinders were they in a wilderness of barbaric medicine, as surely as were Columbus or Vespucci in geographic discovery, Cortez or Fremont in the extension of military power, or Marquette and Junipero de Serra in lengthening the shadow of the Cross. Men who can influence other masses of men to their way of thinking are great. Measured by this standard, men who enter upon unbroken paths and secure an increasingly larger following as the years pass are surely great. The very existence of Homeopathy and Eclecticism in medicine, waxing stronger with the years of their growth, attests the wisdom, the foresight and the greatness of these pathfinders, who first, with prophetic eyes, foresaw in them the future greatness they have attained. Gram and Beach were needed; their work was a necessity; for, much as we admire the good work that has been accomplished by men in the dominant school, no fair man can but feel that Homeopathy and Eclecticism have existed to man-

kind's betterment. Nor is their work as yet accomplished, nor will it be so long as sickness afflicts the human kind.

As with Gram, so the missionary spirit was active in Beach. He drew around him men of culture and education who later became giants in the field of medicine. Some of them were enrolled as students in his school of medical instruction; others served him in the capacity of teachers. We would be remiss in duty did we fail to mention among these pioneers Thomas Vaughn Morrow, who subsequently became the most active organizer of the Eclectic school and the founder of the Eclectic Medical Institute—the fostering mother of the first class of Homeopathists ever graduated in the West, and the first institution in the West to have a professorship in the principles and practice of Homeopathy. Broad-minded, talented, versatile and generous—"noble-hearted and generous," says the Homeopathic historian Beckwith—T. V. Morrow! He died while in the zenith of his power and usefulness, and now sleeps in Wesleyan Cemetery, Cincinnati, within sight of the writer's home. When an unbiased history of medicine shall have been written, Morrow, with Pulte and many of their colleagues, will fill no mean place in the medical annals of the Middle West. Then there was John J. Steele, brilliant and adventurous, who was sent West to select the location for the Reformed Medical College of Ohio. This was opened at Worthington, and conducted by Dr. Morrow while Steele dropped out of sight. Another of the pioneer pupils of Dr. Beach was the truly noble Ichabod Gibson Jones, who established a large practice in Columbus and astounded the local medical profession by securing and holding the position of physician to the penitentiary until ill health compelled him to yield the place to others. An irregular in such an office sixty years ago was not calculated to pacify the opposition. Together with Dr. Morrow, Dr. Jones wrote a text-book that furnished a sound guide for students of medicine for over a third of a century. He, too, like his distinguished colleague, died in the prime of life. But perhaps the most distinguished of all the pupils of Beach was the scholarly and cultured John King, who perhaps more than any other personage in Eclecticism is most revered and best beloved. For a half century he was a conspicuous figure in all her councils and the foremost author in the early and middle life of the school. For over forty years he taught obstetrics, and his work on that subject and his Dispensatory were for many years standard text-books of the Eclectic profession. King was a master of diction, and his literary style ranks among the best examples of pure English. He died in the fullness of years and his remains rest in the cemetery at Cleves, Ohio. James R. Wood, a distinguished New York surgeon, was also a pupil in Dr. Beach's school, and subsequently rose to eminence in another branch of the profession. He often took occasion to refer to Dr. Beach "as one of the really great men of his day."

The dominant note in the lives of these pathfinders is faith—faith in their purpose and their mission. Faith was the guiding star all through their lives, beckoning them on to great achievement. Faith is akin to en-

thusiasm, and is a trait worthy of emulation by us of to-day. If we have not faith in our mission we are as nothing. Wherever man has succeeded in doing best the world's work it has been through devotion to principle and by faith in his mission. It was faith that lured Columbus to breast the treacherous seas, though to unknowingly discover a new world. It was faith that sustained Washington and his remnant of an army threatened with starvation and exposure at Valley Forge. It was the comfort of Luther at Worms, of Lincoln in the darkness and gloom of civil war, and of the sorrowing women at the cross of the Nazarene. Faith upheld John Brown on the scaffold, and it was beside Ridley, Cranmer and Rogers at the stake. Faith was the beacon light to American independence! It wrested Cuba from the despotic grasp of Spain, and emancipated the negro from human bondage. Faith enthused the Crusaders to reclaim the Holy Sepulchre. It walked with the knights at the siege of Malta in one of the most marvelous spectacles of heroic defense. Invention has ever been inspired by faith. It inspired Stephenson to construct the locomotive, Fulton the steamboat, Morse the magnetic telegraph, Field the Atlantic cable, and Marconi to transmit the wireless message. Faith has reared architectural marvels, it has tunneled mountains, it has linked continents. The vastnesses of Afric's continent have been penetrated by it and it has explored the frozen seas. Yet are the scientific achievements of faith but only begun. It was this faith—faith in the justice and truth of their mission—that impelled to victory Gram, the Homeopathist, and Beach, the Eclectic.

URETHRAL STRICTURE : PATHOLOGY AND TREATMENT.

G. Allan Rowe, M.D., Buffalo, N. Y.

While I may not be able to tell you anything new or startling about urethral stricture, yet the subject is one of so vast importance that I think certain phases of it may at least justify a brief review. The text of this paper shall be confined more particularly to the pathology and treatment of stricture without considering its etiology or symptomatology. I do not deem it necessary to do more than merely mention spasmodic, irritable or large calibre strictures because in those forms the sub-epithelial exudate has not yet become organized into connective tissue and consequently can be easily cured with comparatively simple remedial methods. It is the organic forms of stricture which inflict such fearful injury upon the human race and the cure of which crucially tests the knowledge and skill of our most experienced practicians. In order to successfully treat a true organic stricture of the urethra it is essential that a clear conception of the pathological conditions be kept in mind.

PATHOLOGY.

Stricture is an unnatural reduction of the calibre of the urethral canal attended with changes of the mucous and muscular structures of its walls.

These changes vary from an induration or thickening of the mucous membrane with proliferation of deep connective tissue to the formation of dense cicatricial tissue which involves the corpus spongiosum. Indeed, the corpus spongiosum is involved in practically all forms of organic stricture. The constriction itself may vary from a very small, cord-like band, *linear* stricture, to a slightly broader one, *annular* stricture, or to a constriction two or three inches wide, *tortuous* stricture. In all kinds of strictures there is always thickening and desquamation of the epithelial layer, and the cylindrical epithelium is frequently transformed into the stratified, pavement form. Indeed, almost all forms of transition may be noticed in the epithelial cells. The arteries of the spongy portion often show endarteritis or periarteritis, which may obliterate the vessels. The glandular and lacunar lesions are constantly causing fibrous nodules to form in the spongy portion. These nodules, of course, destroy the normal caliber and functions of the urethra and often result in periurethral abscesses, false routes or fistulous tracts. There may even be a tunneling of the bulb itself by fistulous tracts which terminate in blind pouches. These tracts are lined with pavement epithelium, and in closing them it is necessary to extirpate the whole tract or destroy them with the cautery. The opening of the urethra at the seat of stricture will be found in the roof of the canal rather than on the floor. The dilatability or consistence of stricture depends largely upon its age and amount of fibrous and elastic tissue.

Section of an annnular or tortuous stricture shows a more or less imperfect ring of new inflammatory tissue, whose limits taper down gradually. This tissue is hard, yellowish-white near the lumen and darker peripherally, where reddish islets are seen, the result of hemorrhagic infarcts which form foci for new inflammatory tissue. Complete obstruction of the urethra is quite rare and perhaps never occurs except from some extensive trauma.

TREATMENT.

We now come to what I deem the most important part of the subject of stricture, especially so far as the patient is concerned, and that is its treatment. The history of the treatment of organic stricture is replete with failures. Personally, I do not think too frequent failure to cure stricture is warranted, and from my viewpoint is indicative of carelessness, inexperience, faulty methods or possibly an imperfect knowledge of the condition on the part of the operator. Numerous methods of cure have been suggested and tested by surgeons of all nationalities with varying degrees of success. I shall briefly mention a few of those methods.

The use of steel sounds as a cure for organic stricture dates back many years, and while justifiable in some instances will probably not cure 5 per cent. of cases. In the spasmodic variety or those of large calibre the judicious use of sounds will often afford marked relief and will even cure some cases; but in strictures of small caliber or those commonly classified as organic, I doubt whether a single cure was ever effected with sounds. I hardly think it would be entirely fair, however, to place all failures to the

credit of sounds themselves, because my observation is that a good many physicians and surgeons are very careless in using sounds and often use them improperly. It is no uncommon thing for patients to manifest a feeling of terror at the sight or suggestion of the use of a sound, owing doubtless to some former disagreeable experience. Such experience is seldom warranted because under ordinary circumstances, and with reasonable skill, the introduction of a sound should be accomplished practically without pain and without shock. In an irritable urethra an injection of a teaspoonful of a 5 per cent. solution of cocaine will enable the operator to insert the sound without pain and without frightening the patient. I would remind my fellow physicians that the medical profession cannot justly claim a complete monopoly of public confidence, and it behooves physicians and surgeons to make good their claims and not admit of too frequent failure or frighten patients so they will seek relief from other sources.

My experience is that the best results are obtained, as a rule, from using the sound about once a week. Many surgeons advocate its use every day or every other day, but I think that entirely too often. I cannot conceive of a case in which a sound should be used every day.

Electrolysis.—Some years ago electrolysis was heralded as the ideal cure for impermeable stricture, or those of small calibre, but the results have fallen far short of expectations. It must be admitted that the subject of electricity is not wholly understood, and that fact makes it a rather uncertain quantity to deal with so far as a curative agent is concerned. Then, again, its use must cover a period of from one to four months, which renders it impractical, especially for those living at a considerable distance from the operator. My own judgment as to the proper method of curing stricture is by the process of absorption, but thus far no thoroughly reliable method of absorption is known. Perhaps a more thorough knowledge of the therapeutic action of electricity will warrant a more general adoption of its use as a radical cure for stricture, but our present knowledge of its action certainly does not justify such a step.

Internal Urethrotomy.—Of all methods employed for the radical cure of stricture at the present time that of internal urethrotomy affords by far the most satisfactory results. This is especially true so far as my own experience and practice go. In my earlier urethrotomy operations the results were by no means satisfactory, but I think the failures can be attributed principally to inexperience and lack of skill on my part. The ratio of cures in my first cases scarcely exceeded 60 per cent., but gradually it rose to 70 per cent. and 80 per cent., and finally, in my last series of 100 cases, it reached the gratifying result of almost 92 per cent. of cures. This is the best record I have ever been able to obtain, and while I have not been able to reach the 100 per cent. mark, yet there has been a steady approach to it. Whatever success I have had I do not attribute so much to superior skill as to a faithful observation of technique as well perhaps as to a favorable series of cases.

Indications for Urethrotomy.—Some operators do not advise internal

urethrotomy on strictures of the membranous portion of the urethra, claiming that external urethrotomy affords better results. My own experience does not support this claim. On the other hand, I advise or recommend internal urethrotomy in all cases of stricture, and at all parts of the urethral canal through which the urethrotome can be passed. Results from internal urethrotomy have proven incalculably better in my practice than any other method. Fibrous, resilient, irritable, large or small calibre strictures can all be relieved or cured by internal urethrotomy, but resilience and resistance to dilatation are the strongest possible indications for a cutting operation. Strictures of the meatus and fossa navicularis do not respond satisfactorily to dilatation and should always be cut. The incision should be made in the median line on the floor of the urethra and deep enough to overcome all resistance to the sound. Bleeding from this point may be checked by packing the fossa with iodoform or boracic acid gauze.

Technique.—My usual method of procedure in an ordinary urethrotomy is about as follows: For a few days preceding the operation the patient, if possible, should be placed upon an antiseptic and mild diuretic treatment, of which the following is the best I have found. ℞ Specific gelsemium, 1 drachm; acetate of potash, 1 drachm; water, 4 oz. Mix. Sig. Dose, teaspoonful four times a day. Five grain doses of salol four times a day will thoroughly asepticise the alimentary canal. The urethra and bladder are rendered antiseptic by irrigations of boracic acid 1 to 100, alternated with bichloride 1 to 5000. The urethrotome, sounds and all other instruments, except soft catheters, are immersed in a solution of carbolic acid 1 to 40 from one to two hours before the operation. As a local anesthetic I have found nothing better than a 3 per cent. solution of cocaine retained ten or twenty minutes before operating. I have used this solution for about twenty years in a very large number of cases without a single unfavorable result. Sometimes there is slight cyanosis, sweating or faintness, due to the physiological action of the drug, and if it is rather marked I give a teaspoonful of whisky hypodermically or an ounce per oram. A laxative is given the evening before operation.

Operation.—The success of an internal urethrotomy depends, of course, not alone upon an observation of technique, but also upon the manner in which it is performed. I cannot say that I am heartily in favor of that kind of operation we sometimes see mentioned in the newspapers, of which it is said "the operation was successful but the patient died." I am perfectly willing to allow the other fellow to enjoy the glory of all operations of that kind. In a series of something over 400 urethrotomies of different kinds I have not had the misfortune to lose a single case by death. This gratifying result I attribute quite as much to good luck and a favorable series of cases as to skill. Nevertheless, some experience and skill are essential in order to obtain a good result from urethrotomy. Scarcely any two urethrotomy operations are alike, and the operator must determine from his examination the character of the operation to perform. My favorite instrument is the Otis urethrotome, although other makes can be used quite as well. The in-

strument should be inserted gently and carefully with the concave surface looking towards the dorsum of the penis, as all strictures posterior to the navicular fossa are cut on the roof of the urethra rather than on the floor. There is always danger of making a false passage if the cut is upon the floor of the urethra and this should be guarded against. When the constricted point is reached the instrument is dilated as far as possible without exerting undue force and the cut made from behind forward. The cut should be deep enough to sever every constricted fibre, because one of the chief sources of failure is in superficial cutting. If there are several strictures, the one nearest the bladder should be cut first if possible, and all should be treated at one sitting. After each stricture is cut I carefully dilate a little further, so as to break down any fibres that may have escaped the blade of the knife.

Immediately after the operation, or as soon as the flow of blood lessens somewhat, I insert as large a steel sound as can be passed. The bleeding is not usually troublesome, although a stray blood-vessel or one that has been forced out of its normal position may be severed. If the bleeding is too severe a sterilized bougie or sound may be inserted and retained in the urethra until the bleeding ceases. If necessary a T-bandage may be applied. Some surgeons insert an antiseptic catheter for twenty-four hours after an operation and follow by a flushing of 1 to 4000 bichloride solution. I do not especially favor this method owing to difficulty in keeping the catheter and urethra aseptic. I frequently draw the urine the first three or four times immediately after an operation with a sterilized catheter, which lessens pain and perhaps liability to rigors. At other times, I direct the patient to retain the urine from four to six hours if possible, and then allow it to pass without straining. Sometimes a clot of blood will clog the urethra, thus stopping the flow of urine, and if so the urine may be drained with a catheter. This practically completes a simple or uncomplicated urethrotomy, and after it is completed I put the patient to bed for at least twenty-four hours and restrict his diet for several days, in order to favor rapid healing.

Double Incision.—I wish to call attention to the fact that in some strictures of small calibre, or of a tortuous nature, a single incision is not sufficient to effect a cure. In those cases I am in the habit of making a double incision. These incisions are not made perpendicularly to the roof of the urethra, as in a single incision, but at an angle of about fifteen degrees on either side of the median line. With a double incision the degree of contraction will be much less and a normal calibre of the urethra is obtainable. As the life and development of a stricture depend upon its nourishment and blood supply, it is necessary to cut off the blood supply in order to obtain a cure. A single incision will not always destroy the blood supply in strictures of small calibre, whereas the double incision seldom fails. I have been making the double incision in strictures of this class for about five years with the most gratifying results. No large blood-vessels are likely to be severed by the double incision, but if they are, hemorrhage can be controlled as heretofore stated. In the double incision it is often necessary to

cut from before backwards rather than from behind forwards. This can generally be done with the Otis urethrotome, especially if the backward incision is made second instead of first.

Medical Treatment.—The treatment of stricture with medical remedies is not as satisfactory as we might wish it to be, so that too much must not be promised. Of course, internal remedies alone will not cure stricture, but in the earlier stages, or before deep cicatrization has resulted, cures may be effected with combined local and internal remedies of proper character. Much more dependence is to be placed upon local than constitutional treatment. The constitutional treatment should be administered with a view of keeping the kidneys and bladder in good condition as well as maintaining a neutral or unirritating state of the urine. Any remedy that will reduce inflammation and favor absorption of the cicatrix will have a tendency to cure stricture. Perhaps the agents best suited for this purpose are some of the salts of silver. Protargol in 1 per cent. solution, or argyrol in from 1 to 20 per cent. solution, injected night and morning, will produce the most beneficial results.

BY-EFFECTS OF URETHROTOMY.

Chills.—One of the most annoying by-effects of urethrotomy is the traumatic chill, which may come on with the first urination or perhaps not for forty-eight or seventy-two hours after the operation. The chill is usually followed with a high fever which makes the patient very sick and uncomfortable for a day or two. I tried numerous remedies with a view of preventing these chills but with practically negative results until I began the use of gelsemium and acetate of potash, as named in the above prescription. While these remedies are not infallible, yet when used a few days before the operation the chills will be at least greatly modified and in most cases entirely prevented. Oil of gaultheria, in from two to five drop doses four or five times a day, is also an excellent remedy for preventing rigors.

Urethral fever is perhaps the most serious by-effect of all forms of urinary surgery, and is due to the absorption of bacteria or their poisonous products. Most physicians have noticed the sudden and pronounced fall of blood pressure which at times follows the most gentle insertion of the bougie or sound. Sometimes the effects are so pronounced as to result in collapse or syncope caused by reflex influence upon the circulation. When the kidneys are affected, instrumental treatment of the urethra should be very guarded, as the shock may be so great as not only to develop urethral fever but to induce anuria. This fact emphasizes the importance of thorough urethral antisepsis and careful urinary analysis before instrumentation and even catheterization is attempted. Albarran reports a case of internal urethrotomy in which the bacterium coli commune was found in the blood of the patient twelve hours after the operation. This shows how rapidly the poison may be absorbed, and, under favorable conditions, may prove fatal. The most effective treatment for preventing urethral fever is to be found in strict antiseptic measures. When urethral fever develops, however, anti-

septic remedies, internally and locally, in the form of irrigations to the urethra and bladder, will check and control the progress of the fever in a few days. The liability of urethral fever following external urethrotomy is perhaps not so great as in internal urethrotomy, but even with this point in favor of external urethrotomy I never perform it except in absolutely impermeable strictures or emergency cases. The probability of irregular healing, annoying cicatrices or false passages is so great in the external operation that it should be given secondary consideration whenever possible.

DISCUSSION.

L. E. Russell (Cincinnati): The author suggests that we cut from the bladder forward, as I understand it. With most strictures that require such attention you cannot get to the rear to come forward; you have to go from the front backward. In those that require the use of the urethrotome, as a rule, you cannot get to the rear and must cut from the front, gradually going backward, and then you can force your knife outward and make your double incision from back forward, which I find to be one of the best methods of dealing with them.

In regard to hemorrhage, the old dividing sound that Howe used to recommend and manufacture I have found to be the best. It has little ridges along it, and a little oozing can come out. If carried in a proper size, it will control hemorrhage much better than the round steel sound. You will get your chill, as the author has suggested, and to avoid that I have employed the method suggested and used by our late Prof. Howe. The bougies (soft) are also good, and you will only be required to use them where there is extreme hemorrhage. Sometimes in attempting to use the sound the urethra will tear, and the tear will go right along with the sound, and you will have much hemorrhage. That is where you have the severe pain, and I am glad the author suggested the use of the urethrotome. There is no danger with the urethrotome, while with the round sound there is danger of tearing the urethra and carrying it down with the point of the instrument.

As to medication, I have found that one of the very best remedies to be found is fucus vesiculosus. Occasionally you will find a nephritis caused by the stricture, which may complicate the case. If your patient has been thoroughly cleaned out with large doses of saline, and the bowels thoroughly emptied, and the lower bowel emptied with an enema, you will find there is less trouble, and you will have your case well prepared. I think the paper is a very able one, and compliment the author on the thoroughness with which he has gone into the subject.

G. W. Boskowitz (New York): I have nothing special to offer. The paper is very complete in itself and leaves little to say. There is just one point in the paper which I think has left a wrong impression, and that is the question of how to treat stricture with electricity, and I take it that the doctor has not been successful in his treatments with electricity.

I am sorry not to have with me the report of the late Dr. Robert Newman, who for years treated stricture with electricity. In it he has given us reports of several hundred cases treated this way with very gratifying results. I have for years treated my cases this way, and although I have no record of my cases I have always had great success in the treatment by electricity, and it is a fact that many who have attempted to treat cases this way have not been familiar enough with the method, and a great many failures should be laid to that fact. If you follow carefully the technique

laid down by Newman, the pioneer in this work, you will have very great and gratifying success and very seldom any disagreeable after-effects.

A. J. WIDENER (Little Rock, Ark.): I do not believe I can add anything to what has already been said. I am sure I have never used a urethrotome. I have never had any strictures that I could not give at least temporary relief with the sound. I find that most of those that have been cut by the urethrotome went to Hot Springs, and they quite frequently come back to us, and we use the sound for dilatation. I have had but one stricture which I have seen in the initial stage in which I could not practically effect a cure. I dilate them occasionally, possibly I use the sound once or twice a week until I get the patient where he does not have to urinate so often. When I have a case where I can hardly introduce a bougie, I go slowly and carefully, using the smallest hollow sound first, and after about the third day I can usually introduce a No. 6, then a No. 8, and so on gradually up until I can introduce about a No. 14, when I quit for a while.

DR. J. E. G. WADDINGTON (Detroit): I would like to bring out one or two points. I had a patient who every time I tried to introduce a sound would have a spasm. I gave him as much current as he could stand. I gave him from five to ten milliamperes, and that would relax the spasm. I would put in a positive pole, and in ten minutes he would urinate. Another remedy is atropine. Give 1-250, repeat every fifteen minutes for physiological effect. You can usually get it down with the galvanic current or atropine.

DR. MULHOLLAND (Pennsylvania): The author of this paper did not call your attention to paralysis. I have had the misfortune to meet with six or eight cases of paralysis following the use of the urethrotome. I have a case right now of spastic paralysis of the left side, both arm and leg, following in five days after the operation. I had operated on this man some eight years before, but I operated with a little instrument you have none of you said anything about—a simple little tube with a spiral end and a projection a slight distance from it, in which c. p. nitric acid is placed and passed down to the stricture on an end like an ordinary sound. I find the nitric acid and use of the sound sufficient. My cases get along pretty well. In electricity I use the galvanic pole, and five to seven amperes give the best results. I think the steel sound in the hands of a competent operator has all other instruments beaten to a standstill in the ordinary cases coming to the general practitioner. I have been using the little instrument I mentioned a long time.

G. ALLEN ROWE (closing): Sometimes we do get recurrence. I do not claim that internal urethrotomy is unfailing, but I can cure more cases of organized stricture with the urethrotome than with any other instrument I have ever used. I am glad to hear some favorable reports of electricity. I hope the time will come when it will be so perfected that we can absorb the organized stricture.

In regard to the sounds, I have never been able to cure an organized stricture with a sound.

As to the doctor who spoke of having paralysis follow stricture, I have never had any such misfortune following my cases. I would like to know how the urethrotome was used, and by whom, and more of the history of the case. There are few capable operators who have ever reported paralysis as a result of internal urethrotomy that I know of, but I am inclined to think there was some other disturbance to account for this, outside of the use of the urethrotome.

In regard to Dr. Thornton's report of the use of gelsemium and potassium, in my judgment an antiseptic remedy is one that will tend to restore

or produce a normal condition of the membrane, or keep a part in its normal condition. I do not care what it is that you use, if it will produce a normal condition of the part it is good, and no better antiseptic can be found.

OBSTETRICAL COMPLICATIONS.

H. H. Helbing, M.D., St. Louis, Mo.

I wish to relate my experience in five cases of obstetrics in which complications ensued, hoping that my readers and hearers may receive benefit.

The first case was one of puerperal convulsions. The patient, Mrs. H., was sixteen years old, and her first pregnancy. Her husband came to me early in the gestation and wanted me to bring on an abortion. I positively refused, and they accepted my advice to allow it to go on. A few months later, or when she was seven months pregnant, I was called to see her, and found that she could not retain anything on her stomach. An examination of the urine revealed it loaded with albumin and some blood. The treatment of her case was unsatisfactory, and she was becoming emaciated. After a week or ten days she began to have fainting spells, became comatose at times, and at others had hallucinations, but no marked convulsions. I called in consultation, as is always advisable when the production of an abortion is indicated. The consultant agreeing with me, we had her taken to a hospital immediately, and, as soon as she could be prepared, we brought on premature labor, and in the course of half an hour delivered her of a dead baby. She made an uneventful recovery, the sick stomach subsiding, no more spells, and in a week was taken home from the hospital in an ambulance. She was up at the usual time, nine days following labor. A few months after that I was informed that another doctor had produced an abortion on her, delivering her of twins. I believe he was not justified in doing this unless albumin appeared again in the urine, for we have no assurance that a patient is liable to a repetition of this trouble unless she have a chronic nephritis.

The second case was Mrs. B., aged twenty-five, a patient of Dr. Tracewell, who was taken suddenly with convulsions, and who became unconscious with the first attack and continued so between the attacks. She was about eight months gone. An examination of the urine showed a quantity of twelve to fifteen ounces and large amount of albumin.

Hypodermics of twenty-drop doses of gelsemium, alternated with veratrum, specific medicines, gave no relief. H. M. C. was also tried, but to no avail. Morphia and atropia would relieve her for a short time, but was injurious because of the fact that it lessened the secretions. Pilocarpine, 1-10 gr. every hour to effect, was also used, but to no avail. We had her taken to the hospital, and, as soon as she could be prepared, brought on premature labor. The baby was living, but required artificial respiration for a while before it was thoroughly revived.

The patient had a few convulsions after labor, and was unconscious for

three days thereafter. The third day the quantity of urine was forty ounces and specific gravity 1015, free from albumin. She was moved from one room to another at this time, while she was perspiring freely, and is supposed to have taken cold, resulting in pneumonia, which in her exhausted condition soon became severe. There was a pronounced tubercular history in her family, so that we had but little hopes for her recovery after this complication developed. She grew worse, and died the fourteenth day after we operated on her. She was conscious from the third day up to the day of her death.

Mrs. W., aged twenty-four, a primipara, had an uneventful gestation period, her urine being normal and her condition normal in every respect. I was called one morning to see her, and arrived about 5:30 A.M. I found her sitting up, but having pains constantly, mostly in the epigastric region. An examination revealed no dilatation. She informed me that she had been suffering more or less since midnight. I gave her sp. macrotys, caulophyllum and one-sixth of a full-strength H. M. C. tablet every fifteen minutes until four doses were taken, after which time she complained of pain in the right temporal region extending up over the parietal. Thinking the macrotys caused it, I stopped giving it. The labor pains at this time were more natural. About 8 o'clock she complained of numbness in the arms. I prepared more medicine, leaving out the macrotys and H. M. C., and tried to give her a dose, when I noticed that she swallowed with difficulty, and that there was saliva running out of the mouth. There was at this time inability to answer questions plainly, partial closure of the left eyelid, insensitiveness to pin pricks, more noticeably in the left arm. I had suspected embolism, which by this time was confirmed. Further examination showed equality of pupils and normal reaction to light. Motion seemed not to be impaired in any part of the body. The pulse was quite rapid and weak, running from 100 to 120.

In the meantime I had telephoned for a trained nurse and my brother, a senior at the college, with the intention of bringing on premature labor, but not expecting any relief from that procedure. Everything being in readiness, at 12 o'clock we proceeded to deliver her. But little dilatation had occurred. No chloroform was given. Upon dilating the cervix she resisted forcibly, so that the nurse had to hold her legs. After delivering her, we tested the reflexes by dilating the sphincter ani and found them perfectly normal. The baby was dead. During consciousness the patient told me that she had felt no life for several hours previous to the beginning of labor. Could it be possible that the placenta had become detached, with the consequent formation of a clot and a final lodgment in the brain? Three hours after delivery death occurred, the forcible delivery not having any perceptible effect on staying the progress of the disease. The pulse was perceptible after respiration had ceased. As to the cause of the death of the fetus, the father gave a history of having had syphilis.

Mrs. S., blind woman twenty years of age, with contracted pelvis, was in labor attended by Dr. W. A. Smith. Recognizing the necessity of for-

ceps, he called me. I applied the forceps and attempted to deliver her, but found my strength insufficient, so we called another, who, after great force, succeeded in delivering her, but with the result that there was a separation of the pubic bones and a laceration through the anterior vaginal wall. We insisted on the patient being taken to the hospital before and after delivery, but to no avail, being opposed by the patient herself as well as her mother. We repaired the damage as best we could, having previously rendered the field as sterile as was possible considering the poor and uncleanly surroundings with which we had to deal. Notwithstanding all this, infection occurred, and the patient died of septicemia. The literature speaks of but few cases of this accident, in which there was an invariably fatal result. A Cæsarean section would have been the proper procedure in this case.

Mrs. M., aged about twenty-two years, was delivered of her second child, with an extensive laceration of the perineum as the result. Her attendant physician stitched her, but it failed to unite. About one week following her delivery she was taken with a mental wrong, in which she had hallucinations and mild delirium. She recognized no one, not even her baby, and for fear of her injuring it they took it from her and weaned it. Her condition not improving, they sent for me in about ten days. I suggested sp. passiflora and hyoscyamus to the attending physician, and notwithstanding he was a regular he consented to the administration of these remedies, with the result that she commenced to improve and in two or three days regained her senses.

The prognosis in this case was more favorable than is given in textbooks. Hirst says that "about two-thirds of the women recover their reason in from three to six months; of the other third, from 2 to 10 per cent. die of septic infection or exhaustion; the rest remain permanently insane." Perhaps the regulars have this result because of the lack of remedies to combat it. This woman's affliction was no doubt caused by trouble in the family, because her husband subsequently left her.

DISCUSSION.

J. E. G. Waddington (Detroit): I presume I may be treading on some one's toes when I speak of puerperal eclampsia. I had a case not long ago who went into convulsions every few minutes, and every time she went into a convulsion she dislocated a jaw. I told them to give her chloroform every time she went into convulsions. I gave gelsemium and veratrine in strong dose without avail. Then I took her to the hospital and bled her. At that time she was maniacal and one lung was affected. As soon as I had drawn six ounces of blood she quieted down. By the time I had taken fourteen she was asleep. I drew a little less than a pint, and afterwards gave her gelsemium. The next morning she was rational.

Now, here is the point and here is the logic of the bleeding: You have poison in the system. You could not get quite enough of it out or get it out quite quick enough by internal medication, so you withdraw just so much poison, and give a stimulant, so you can supply the nourishment taken away with the poison, so that she will have a chance to respond to the remedies given.

H. K. Whitford (Illinois): I have not prepared the paper assigned to me on the program, "Puerperal Convulsions," but I will say a few words to you on the last subject discussed, parturition. I am much interested in this subject, because I have been on the ground myself for fifty years or more. Two points in this discussion are interesting. As long as I have lived, and that is past eighty years, I have never known a woman to live who was bled except the one the doctor told about. I do bleed sometimes, but I rely on King's advice, and that is, that you can bleed any one until they will faint away, with a tight ligature around the limbs close to the body, and you will still have all the blood in the body for it to work on.

Lobelia is sure to stop the convulsions, if you give enough, and not endanger the life of your patient. Tincture of lobelia, a teaspoonful every fifteen or twenty minutes, or after each spasm, in half a glass of water, sweetened if desired, will stop almost any convulsion.

I have had quite a little experience with the preparation of patients for labor. I have cases all the time, and have had some good experience this spring. There was a lady in our town who expected to be confined while I was in Florida. She had been sick for two days once before and delivered with forceps. She wrote to me to know whether I generally gave treatments. I wrote to her to get some fluid extract or the specific tincture of belladonna, take one drop in water every day three times a day for one month before delivery was expected. She did that and was sick only one hour and a half. This is all the treatment she got.

The one thing to remember is to keep your patients in as nearly a normal condition as possible. If you do that you make conditions favorable to getting well. If you give belladonna as I have outlined above, you will keep away all untoward symptoms and prepare the patient to get well.

Dr. Callaway (Missouri): In a practice of over forty years I wish to say that I have never bled any one. I have had a good many cases of puerperal eclampsia. Once I gave chloroform, then I gave hypodermic injections of specific veratrum and lobelia, and I push these remedies (especially the lobelia) until they have had all they will stand, and always control these cases in from one to four hours. I always watch the patient, and at any indications of convulsions I give more chloroform, thus keeping them under control. Where I have a nervous patient I begin giving specific belladonna three or four times a day. If these patients are kept up and the urine watched for at least six weeks before delivery, you will not have any trouble.

H. H. Helbing (closing remarks): I just want to say, in closing, cure your patient without bleeding if you can, but if you cannot, by all means bleed. Do anything to save your patient.

H. K. Whitford (Illinois): Belladonna is put down for a poison. I have given a grain without any untoward effect. I had a child once who drank a lot of it. She did not know anything for three or four days, but she got over it. It does not kill. I believe I have saved more lives with belladonna than any other one thing, because I can use it more freely and at the same time relieve all congested conditions. Last year I went to see a patient supposed to be dying of Bright's disease. When I was called the doctor in charge was opposed to the use of belladonna, and, in fact, he was opposed to sending for me. The man had had a daughter die before that of the same condition, and he thought this one would not get well. She had no pulse that I could find, but just barely turned her eyes to me. I told the doctor I thought I could cure her, and he said I was welcome to try, he knew he could not do anything. I asked for a glass of water, mixed it with some belladonna and gave her three drops for the first dose. I said, "Give

her a teaspoonful of this every hour until I say stop, and I will stay and see how it works." In half an hour I went in and looked at her, and in an hour, when I went in again, after she had had the next dose, she was able to speak to me, after having had four drops of belladonna. I called the other doctor to see her. He went in and said he had never seen such results. She had entirely changed. I left, giving directions to give her three drops of belladonna and carbonate of iron to tone up the blood. If you have never used belladonna to increase capillary circulation, use it by all means.

In acute albuminuria I use and recommend santonine, three grains, and fluid extract of belladonna one drop, every three to six hours, in water, and carbonate of iron with each dose.

Prickly ash is another remedy that I want to talk about—xanthoxylum. I make a tincture, thinning it with alcohol, and give five to ten drops at a dose. It is far superior to nux vomica. It is perfectly harmless, and you can do with it anything you want to do with such a remedy, and it is one of our best remedies to tone up the nervous system.

To revert back to belladonna. There was a time when I stood at the head of the profession in curing whooping-cough. I was able to do that by following the teachings of Prof. I. G. Gilman, the greatest medical man in all America. He taught belladonna in whooping-cough. It is sure to relieve the condition as nothing else will. Belladonna drives the blood to the surface.

I do not believe in *specifics,* but I do believe in remedies that will assist nature and put it in a condition to do its work. Make a condition which nature would make if she could, and you have the true principles of Eclecticism. Give no remedies that will destroy tissue or lower vital power.

Dr. Horner (Iowa): I have not much to say on this subject. I first heard Prof. Whitford some forty years ago, and when I began to practice I followed Whitford's "Notes" and Scudder's "Practice" closely. The first medical book I saw was I. G. Jones' "Materia Medica." He is one of the smoothest writers I have ever read, and his work was most entrancing. There is one thing Prof. Whitford used to tell us, and that was to anticipate certain conditions which we expected to arise, and, while the subject of scarlet fever is not before the convention, I wish to say that I always use belladonna in this condition. It favors the eruption, and he told us to give santonine at intervals, and thus anticipate the congestion of the kidneys, liable to result in acute albuminuria. I have always followed that, and have never had a case of acute albuminuria. I have been called in consultation sometimes, and found the condition existing, but in a case I have handled from the beginning I have never had it. That is a good rule to remember—anticipate symptoms which you know will come up. I use the triturate of santonine, five to ten grains.

I would like also to say a word on the subject of puerperal convulsions. I have seen a number of cases of puerperal convulsions, but have never had a case that arose in my own practice. The cases which I have seen have been where I was called in consultation and I have helped to deliver the patient. Some patients reach a condition where they cannot get well, but if you can stop the convulsions before that condition sets in your patient will get well. I have not seen a patient now for a number of years. I was called in consultation one time where a woman had had five convulsions following delivery. I gave ten to fifteen drops of specific veratrum hypodermically. The pulse was up to 100 when I gave the dose, and in an hour it was down to 60 and soft.

Dr. Spencer: I want to ask the doctor whether he gives five grains of santonine at a dose, or whether it is a trituration?

H. K. Whitford (Illinois): I usually give one grain at a dose, every one, two or three hours, in acute albuminuria, and then three times a day.

Dr. S. M. Sherman (Ohio): I can agree with Prof. Whitford on the ability of Jones. Perhaps I am prejudiced because he ushered me into the world. My first case of puerperal convulsions was a strong, muscular woman. I had not seen her before. I gave her chloroform first, and then a hypodermic of twenty drops of veratrum. I soon delivered her of twins. I think it was the hypodermic of veratrum, and the lobelia with which I followed it up, that brought her through so well. She had no further trouble. I have had the same success with belladonna. I have never bled but two patients in my life, and then I did so because they insisted upon it.

TUBERCULOSIS IN THE BLOOD A DISEASE OF MICROZYMIAN DEVELOPMENT.

Robert Lincoln Watkins, M.D.,
Professor of Hematology in the New York Eclectic Medical College.

(Illustrated with the Micro-Motorscope.)

I come before you, ladies and gentlemen, to protest against the present teaching in regard to tuberculosis. Not because my specialty of the blood is confined to the finding of this disease in the blood stream, but because there is a basis for all disease in the blood, such as syphilis, malaria, paralysis, neurotic diseases, etc., and this is known as the Microzyma.

My researches have extended over some years, but the climax has been reached by experiments now confirmed and others in process of confirmation, in the hematological laboratory of the Eclectic Medical College of New York City. The details and technique of these experiments, on account of their length, will be published later in the *New York Eclectic Review.*

What I said at the Eclectic Society of the State of New York, on March 11, I repeat here, and that is, that tuberculosis, or the great white plague, is a blood disease; that it shows itself there in its early stages before the tubercle bacillus manifests itself in the sputum or elsewhere. It may sometimes develop to a slight extent in other organs or tissues than the blood, but the blood is the connecting link to all other organs. It is the easiest to reach, and will show evidence of the pathological condition before any other tissue. By the frequent microscopic examination of the blood we are able to make a specific diagnosis. Thus a knowledge of the blood condition leads us to select the specific or indicated remedies, and thereby we are able to eliminate a disease before it has reached its destructive stage.

The ultimate physiological element of life, called a microzyma, enters into the composition of every cell of the body. The word means "a small ferment," and was so named by the discoverer of its function, Prof. A. Bechamp (deceased), of the University of Montpellier, France. The erythrocytes are composed of them. They exist also in the leucocytes and the plasma of the blood. It has been estimated that there are fifteen billion to the cubic

millimeter. Comparing this to five or six million erythrocytes to the cubic millimeter, the normal number of red cells in man, it will be seen that they are much smaller than any cell in the body. These microzymas, according to their inherent properties, are capable of evoluting into any kind of germ or cell according to their environments.

In the laboratory of our college I have planted on glycerinized potatoes tuberculous blood, normal blood, etc. Other culture media, with different ingredients added thereto, were also used. The culture medium was kept at the temperature of the body, and the tubercle bacilli developed and were found to be therein, on microscopical examination, by the use of the usual stains. That the tubercle bacilli grow in the various ways mentioned above being proved a fact, the result is conclusive, viz., that the tubercle bacillus *develops inside the body*. I ask you to repeat this experiment, modifying it as you will, and then with me you will ask how in the name of common sense is this disease either contagious, or even infectious, any more than a nervous disease is infectious? How is it that the medical profession is going to stamp out the great white plague by killing the bacilli in the sputum, when they are, under certain unhygienic conditions, all the time developing from within the individual so afflicted? And again I ask you, ladies and gentlemen of this Association, how is external sanitation going to stamp out tuberculosis when the internal sanitation is neglected? Fresh air is all right, but that has been the cry for more than two thousand years, and we still have the great white plague killing one-sixth of all the people that pass to the other shore through disease.

A recent writer has said that if he had forty million dollars the great white plague could be annihilated in ten years from off the face of the earth, or he may have limited himself to the United States, as my memory is sometimes a little at fault. But one of the main points I protest against is that the profession allows the impression to be promulgated through the public press that this disease is contagious—taken by contact—when they do not believe or teach such a fact. They do teach its infectious nature, however, which I only believe as stated above. They have allowed this former teaching of contagiousness to go on in the public mind so long that they are now believing it themselves. I ask, ladies and gentlemen, if tuberculosis is infectious, what is the period of incubation? Scarlet fever has its period; diphtheria and other long-recognized infectious diseases have their known periods of eight days to two weeks. What is the period of incubation of the great white plague? If this disease can be stamped out by pure air and external sanitation, as they claim, why have they not shown results in the last few years that the agitation has been going on?

Without going into perplexing figures, which are at the command of you all, I would call your attention to the statistics of New York City for the last eight years, taken from the report of the State Commissioner of Health, for March, 1909, according to statements made in speeches at the last International Congress of Tuberculosis, at Washington, D. C. New York City has the best methods to regulate and stamp out tuberculosis.

In New York City, from 1901 to 1905, there was an average per year of 8,153 deaths from tuberculosis; in 1906, 8,976; in 1908 there were 8,867. These figures show an increase in the last few years in tuberculosis, while according to the theory of those who accept the theory of the tubercle bacillus there should be a decrease. What I wish to impress upon you is that the tubercle bacillus is not the cause of the disease, and that it has been proven by experiments in our college laboratory that it is the conditions that surround or infest the body, that allow the tubercle bacillus to develop.

I do not claim that the public exhibition of pathological specimens and miniature sanitary and unsanitary buildings, and the large amount of literature distributed gratis, and the effort of charitable institutions, are in vain. They are doing some good in a sanitary sense, because it has made the people enact public laws, and the city authorities are compelling the people to be more hygienic, and thus aid in eliminating not only tuberculosis, but many other diseases. I do protest against the belief in the tubercle bacillus as the cause, and the erroneous claim of philanthropists to contribute to a cause which can never be accomplished by the present method of procedure alone. In order to make the subject plain to this Association, I make use of a device of my own—a micromotoscope, with a specially constructed projecting machine for this occasion.

THE MICROMOTOSCOPE.

The micromotoscope is an instrument to photograph moving microscopic objects. In other words, it is a moving picture microscopic camera. This camera was conceived and constructed with the idea of demonstrating to a body of students moving blood cells, because in the speaker's work of hematology it is necessary to see the cells as they move under the microscope in order to determine normal and pathological conditions. And I am fully convinced in a very short time every college laboratory throughout the world will have a micromotoscope. For not only will this camera take 1,500 pictures on a standard moving picture film 190 feet long, but at any time any one of the 1,500 pictures can be enlarged and used as an ordinary single photo as a means of study or record. Ten or fifteen feet can be taken at a time and the rest of the film used to photo another object; thus several separate subjects can be taken on the same film.

To do this work three machines are neccessary. First, the micromotoscope, the taking machine or camera; second, the printing machine; and, third, the projecting machine, by means of which the positive, after it is printed from the negative, is thrown upon the screen. Besides being used for hematological work, the micromotoscope can be applied in photographing other microscopic objects, such as germs, infusoria and animal life in domestic supply or running water, even to viewing the internal workings and development of transparent microscopic animals. The first machine was made and pictures taken in July, 1897. I now have a machine which I consider perfect—the one I show you here.

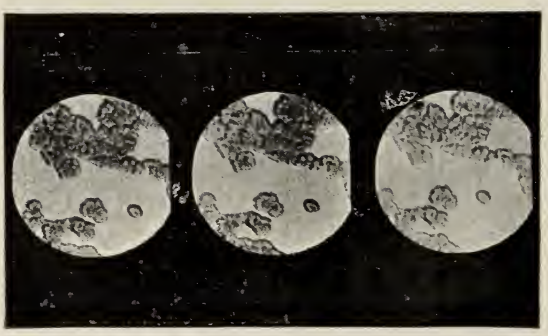
I now present a machine—the micromotoscope—for your consideration.

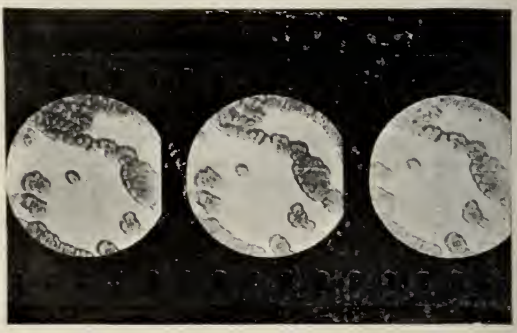
Prof. A. Bechamp at the age of fifty-nine.

Prof. A. Bechamp at the age of ninety-one.

Béchamp En avril 1906.

A Monsieur le Dr Walker
en témoignage de haute estime
A. Béchamp





Micromotoscope or Microscopic Moving Pictures of Pathological Blood.

Portable Camera and Microscope Specially Designed for Photo-micography by Dr. Robert Lincoln Watkins.

with the scientific work it will do. It is unique in design, and has a positive and simple action. I believe it to be perfect and indispensable in the study of hematology. I will first show the lantern slides of healthy and diseased blood, to be followed by the micromotoscopic films.

Lantern Slide No. 1.—This photograph shows the normal number of cells, normally arranged, with the proper proportion of white to red cells, that is, 1 to 600. This is a specimen of blood from a physician who was supposed to have tuberculosis. He was laid up in bed, had a severe cough and a high temperature. The blood examination, however, together with the physical signs, determined the trouble to be bronchitis with a slight attack of pleurisy.

Lantern Slide No. 2.—In this photograph you will see that the cells are all run together; there is a lack of both red and white. The individual corpuscles are indistinct, and there are ferments in the serum of a pronounced type. This is the blood of a tuberculous individual in the last stages of the disease. In order to make out the premonitory stages of this disease of the blood, it is necessary to see the cells in their moving condition; therefore, the microtomoscope pictures, which I now show you, demonstrate this point.

ECHINACEA, PHYTOLACCA, IRIS AND VEGETABLE ALTERATIVES IN THE TREATMENT OF SYPHILIS.

G. Allison Hinton, M.D., Hot Springs, Ark.

Specific echinacea, phytolacca, iris and kindred vegetable alteratives have been used by our school of medicine in the treatment of syphilis for many years, and by many very good therapeutists. In fact, to-day the majority of us use these remedies. Situated, as I am, in a place world-renowned for curing syphilis, I find the results of treating this dread disease with the so-called vegetable alteratives to be negative in 95 per cent. of the cases, and I have arrived at this conclusion from a tabulated record of several thousand cases. In my first five years' practice at the Springs I used no mercury or potassium iodide, furnished my own medicines, and relied on vegetable alteratives for results, and I must tell you I have been universally disappointed except in primary syphilis, where I could have secured favorable results without any treatment except hygiene and baths. In fact, I have treated many cases of tertiary syphilis who have at some time in the history of their case been treated by some of my Eclectic brethren, and who had entirely relied on echinacea, phytolacca, iris and kindred vegetable alteratives, but the patient was not cured, and came to Hot Springs for treatment. I have in my mind a case that came to me the past winter, suffering with the tertiary lesions, that had been treated in this city twenty-two years ago by one of the Eclectics, that yielded nicely to other than vegetable alteratives.

Now, gentlemen, I may be stirring up a hornets' nest in this my stand against these remedies in treating primary and secondary syphilis. However, I am speaking from my case record, and from an experience that few have had. You will ask, if I have not relied on these specific remedies, what have I used in treating these cases? I have been depending on the biniodide of mercury, in a non-irritating neutral menstruum, that I inject deep into the gluteal regions, following this in most cases with an iron tonic, using hygienic measures and bathing as an eliminator. I have in some few cases used the unguentum hydrargyri, and have secured fairly satisfactory results. However, owing to the uncertainty of the dose (as the ointment treatment is always empirical), as well as the filthiness of this form of medication, I have discarded it entirely, and now depend on the subgluteal injection, and feel as positive that the mercury is indicated in the destruction and elimination of the spirocheta pallida as are the indications in any one pathological condition for any specific medication. As to the dosage, in all these cases treated I have secured very satisfactory results in from twenty to thirty injections of twenty to thirty drops of the biniodide, 1 per cent. solution. This, you will notice, is, as a whole, a very small amount of mercury, and cannot be accused of doing great damage to any tissue, as it is universally eliminated by hot bathing. Mercury does not remain in the system, as many would lead you to believe. This treatment I follow up with iron and vegetable tonics, thus soon restoring my patient to a healthy condition. I do not see any contraindications for specific echinacea in the treatment of syphilis. In fact, I use a great deal of these specifics in connection with the iodides, my favorite prescription being specific echinacea, ounce one, to syrup hydriodic acid, ounces seven; dose, dessertspoonful before meals. I use this in conjunction with the subgluteal injection of mercury biniodide.

Now, it is useless for me to warn you as Eclectics against the use of mercury protoidide. Hundreds of cases come to us at the Springs who have been filled with mercury protoiodide during the primary stage or on suspicion of an infection of syphilis, whose real symptoms are so masked that a correct diagnosis is impossible. You will ask, "Why send a case to Hot Springs if the simple injection of mercury biniodide will cure them?" My reply is, the water from the Springs being a very strong diuretic as well as a diaphoretic, is consequently an eliminator equalled by no other water in the world. In fact, it is from our means of eliminating and unloading that we secure such marvelous results.

DISCUSSION.

E. G. SHARP (Oklahoma): Dr. Hinton is from the point where more syphilis is treated than any other, and I had anticipated much. I am disappointed. He started out with the statement that his dependence is on mercury. He wound up by saying that he gives vegetable preparations, but depends on the mercury, and gives it the credit. I want to know if he is not biased by association.

DR. JOHNSTONBAUGH (Pennsylvania): I would like to ask the doctor as to his frequency of injections of mercury.

Dr. McDonald (Chicago): The doctor stated that he had used proto-iodide and biniodide. What is the physical condition that would lead you to make that change? What is your reason for it? We cannot judge what effect these drugs have until a quarter of a century has passed over the patients' heads and we know positively that the patient has not had a recurrence of the disease. We can cite many cases of syphilis where there has been no change taken place in the vascular or nervous conditions until the poor unfortunate becomes the subject of locomotor ataxia. I would like to have him recite the years he has kept an eye on these patients. I have been for years connected with an institution where the diseased from all over the world come in, and I want to say that I do not know a remedy or a cure for syphilis.

G. W. Thompson (New York): I do not suppose there is a place where there is as much syphilis to the square inch as in Hot Springs unless it is New York, but most of the cases the doctor has treated have possibly come from outside Arkansas. I do not suppose there is one comes there who has not been thoroughly mercurialized, and when they go there they get the benefit of the rest, baths, etc. I do not doubt but what every physician has had the same experiences I have. Patients coming with the bones of the nose gone, the ears discharging, and in every way the most horrible cases to look at, and they have been helped by the treatment outlined.

J. E. G. Waddington (Detroit): At the Michigan State Society last week I read a paper on "The Non-Mercurial Treatment of Syphilis." I spoke of the use of the iodides, podophyllin, echinacea in five-drop doses. I have treated a number of cases, both congenital and tertiary. I have not seen any twenty-five years after treatment, but I have seen some five or six years after, and I want to say to you that you can get results from proper alterative treatment and keep down the symptoms.

W. N. Ramey (Nebraska): I want to add a valuable remedy not spoken of, that I have used a great number of times in the treatment of syphilis in its various stages—alnus. The use of alnus allows the free use of echinacea without danger of injuring the stomach; so I give echinacea and alnus, of each four drachms, stillingia one drachm, and this treatment under my observation has been successful in the treatment of syphilis; but I must acknowledge that I have not seen my patients twenty-five years after giving the treatment.

F. W. Abbott (Massachusetts): In considering the subject of the treatment of syphilis, we must consider one remedy not yet mentioned. Syphilis is a self-limited disease, according to the latest authorities, and I apprehend that Dr. Hinton must conclude that elimination and the time, which heals all sorrows, has much to do with the Hot Springs cures.

Dr. Shears (Boston): A definite bacillus of syphilis has not yet been discovered. It is a glandular disease, and always a self-limited one. I think Dr. Hinton used the word "cure" as Dr. Casper used it in Berlin—to designate a condition after all the symptoms of the disease have disappeared. What difference does it make whether we call it a cure or something else, if twenty-five years elapses and there has been no recurrence of the disease? No other bacteriological disease can coexist with syphilis. You rarely hear of those having syphilis being taken with typhoid fever, for instance. It is what is called a jealous disease.

Dr. Hinton (closing): We get syphilis from New York and from everywhere else you can think of. I treated it for five years without mercury. I have had cases come to me quite frequently with the history of treatment by Eclectic doctors with echinacea, iridin, etc. I took it for granted that my statement would show that I knew these drugs, and that

I had tried hard to treat syphilis without mercury, and that I had treated it with elimination and without drugs.

It is a self-limited disease, and the sufferers pass on from one stage to another, just as they do in pneumonia or typhoid. In the evolution many conditions relieve themselves. Next year I will present another paper, and I want you to know that I *do something* for these people every day, and that I get no results from vegetable alteratives, and fifteen injections of mercury will not harm anyone, but will relieve those conditions. I do not tell the patients that they are cured, but I tell them that if they will eat right, live right and come back again after a year or six months, we will relieve them. This we say to the young patients under forty years. In my experience, having used the anti-mercurial treatment so long, and of late years using it and following by the use of iodide, and for a year every other month giving it in full doses, I get specific results; but you cannot rely on it to cure syphilis.

I never use over twenty injections of mercury. If this has eradicated the symptoms, why is it not specific? We are specialists. We are specializing on just these conditions, and if you try it you will report the same thing. I usually follow up with echinacea, and I am having good results. I use a solution of mercury put up by a firm in New Orleans. It is a non-irritating menstruum, and makes a perfect solution of the biniodide of mercury. The preparation is not a special, but is on the market.

Prof. John Uri Lloyd (Cincinnati): Biniodide of mercury is practically insoluble in water. The only solvent I now recall is a solution of potassium iodide. The result is something new, and not properly a solution of biniodide of mercury, but a new preparation from the solution. A dilute solution in potassium iodide makes a colorless liquid which, concentrated, has more or less of a yellowish tinge. Possibly the party making the "solution of biniodide of mercury" referred to, produces a solution in some way such as that with iodide of potassium, and innocently thinks he has made a solution of biniodide of mercury because that substance was used in making the solution.

This solution of biniodide of mercury in potassium iodide is one of the most delicate tests for alkaloids. A touch of it will show the presence of most alkaloids in a solution. It may be equally energetic as a remedy in the treatment of syphilis, but if it be dissolved after the manner I have indicated it is not properly a biniodide solution, but a solution of a new double salt, the iodo-hydrargyrate of potassium.

BETONICA OFFICINALIS—WOOD BETONY.

Charles Lloyd, M.D., Brooklyn, N. Y.

A few years ago, in looking over old remedies for the treatment of diseases, I was impressed with an article on betonica officinalis in the *Chicago Medical Times,* of May, 1879, written by one of our Eclectic physicians, Prof. W. H. Davis, of Bennett Medical College, Chicago. I have taken some pains to learn more of the literature of this drug, but there is little to be found of importance, more than that which is contained in Nicholas Culpepper's works.

I am induced to bring this valuable remedy to the notice of our school once more for study and use, as well as the valuable experiences of Drs.

F. Herring, A. Eddmon and Prof. Davis, who have experimented and written of this valuable drug, so that it may not be forgotten.

Betonica Officinalis—Purpurea Vulgaris (Linnæus). Stachys Betonica, Wood Betony. Natural order, labiatæ—labiate family. A perennial European herb. Indigenous to many parts of Europe. Found abundantly in Germany and England, and cultivated in the United States. Occasionally found in old gardens and thickets in Massachusetts. Its favorite places of growth are in woods and shady places. Flowers in June and July, and sometimes as early as the month of May. It is quite a small and beautiful plant, with many leaves rising from the root. They are broad and round and indented about the edges, and standing upon long footstalks. From these rise small, slender, upright hairy stalks, with leaves at the joints, smaller than the lower leaves, whereon are set spiked heads of flowers like lavender, but thicker and shorter, and of a reddish or purplish color, with white spots in the upper and lower parts. The seeds are nearly black, long and uneven, and contained within the husks that hold the flowers. The roots are many pale-yellow fibrous strings. The stalk perishes soon after the seeds are matured, but the roots with some leaves remain all winter.

The leaves and tops of this plant have an agreeable but weak odor; a slightly bitter, sharp, astringent, but pleasant taste. The roots differ greatly in their quality from the other parts; their taste is very bitter and nauseous; they resemble somewhat those of hellebore. I know of no analysis of this plant.

Betony was highly esteemed by the ancients in the treatment of many diseases. It is said that one Antonius Musa, an expert physician to Octavius Cæsar (Augustus), wrote a volume enumerating the virtues of betony, and it was not the practice of Octavius to keep any but the brightest men about him. Through the seventeenth and part of the eighteenth century this plant was extensively used by German, French and Italian physicians. Like many other plants formerly in high estimation by medical men, it is now almost entirely neglected.

The Parts Used.—The flowers and leaves together; the roots separately (freshly gathered). The properties yield to water and alcohol. The leaves have sometimes been smoked as tobacco, but it is said to have no toxic effect.

The properties of this plant differ very much from those of betonica aquatica, which has been incorrectly used sometimes for the same purposes, and gathered at other times by mistake. The common name, wood betony, has also been applied by some botanical writers to the pedicularis canadensis, which belongs to the figwort family, and is indigenous to the United States.

Preparations—Tops and Leaves.—Infusion, ℥i; aqua bulliens, Oj; dose, one ounce every three to four hours. Decoction, dose half to one ounce. Tincture, 1 per cent., one to two drachms. Fluid extract, fifteen drops to one drachm. Solid extract, fifteen grains to one drachm. Wine, two to four drachms. Confection. Unguentum.

Preparations of the Root.—Fluid extract, from fresh root, dose one to ten drops. Tincture, 1 per cent, dose five to fifteen drops. Unguentum. Powdered root (green), as a laxative, dose twenty grains; dried becomes emetic. In some severe cases the dose of the fluid extract of the plant may be given as much as a drachm every four hours; when improvement takes place, reduce the frequency and quantity gradually. In cases of bladder and rectal diseases it is also used as an injection.

After ten years' experience in his own practice with this remedy, Dr. F. Herring says he met with the most flattering results in the treatment of chronic liver affections.

Physiological Action.—When taken in the mouth it has a bitter taste, then it gives a warmth to the fauces and throat. It is a powerful stomach tonic, promoting digestion by stimulating the peptic glands. It stimulates the functions of the liver and lymphatic glands, promotes the flow of bile and other secretions. Under its influence the stools become softer and more frequent. There is no single remedy in the materia medica that will produce more favorable results in the treatment of chronic affections of the liver and spleen than betonica officinalis. It stimulates the functions of the spleen, relieving its engorgement, and reduces its hypertrophy. It also exerts a marked influence upon the kidneys by increasing the elimination of both the solids and fluids.

It is a tonic to the sympathetic nervous system by increasing its activities. It increases the power of the heart and the capillary circulation. It also improves the constructive metamorphosis.

Therapy.—Atonic dyspepsia and the headache which follows it. In these cases the remedy acts better when taken before meals. Chronic catarrh of the duodenum and gall-ducts; jaundice. In these cases the administration of the remedy should be prolonged. In congestion of the portal circulation and malarial jaundice, with ascites. In constipation, where there is a lack of glandular secretion only, the betonica will prove useful; where there is a lack of muscular power of the intestine as well, other remedies in combination or separately will be necessary.

In chronic rheumatism, where a tonic and depurant is needed, betonica acts well. In chronic bronchial catarrh, with viscid mucus, and catarrh of the bladder and rectum. In the latter the remedy may also be used as an injection. It acts as an eliminant and tonic in debilitated syphilitic cases.

Special Indications.—Fullness of the hypochondrium, dullness of the mind, and apathy. Enlargement of spleen; eructations after eating; loss of appetite, and constipation with clay-colored stools. Distress in the stomach after eating. Tongue coated yellowish to dark brown. Cough with slimy mucus. Urine with pus and blood and ropy mucus. Urine small in quantity and passed with pain.

Further studies and experiments are recommended.

PUS WITHOUT FEVER.

O. C. Welbourn, M.D., Los Angeles, Cal.

My work with my colleagues has taught me that the belief is widespread that there can be no pus unless fever is present. In a general way this assumption is true, but there are exceptions to this rule, and to emphasize these exceptions is the one and only object of this paper.

The inoculation of a part with a pus-producing organism induces a complex array of symptoms and physical signs. Locally we find heat, pain, redness and swelling; and systemically there is fever, *i.e.,* there ought to be fever. To determine the latter, at the present time we rely almost wholly upon the reading of the clinical thermometer. In fact, we now are so accustomed to do so that many of us would be quite at sea without it, and would be hopelessly lost unless some "old timer" consented to show us the way. Often do we wonder how our forbears managed to get along without the help of the scientific instruments of this day. And yet they were successful practitioners. For it is quite clear that their methods were equal to the necessities of their patients. We shall do well if as much can be said of us some years hence. But be that as it may, the fact remains that they acquired a peculiar acuteness in diagnosis, and could see things with marvelous ease and accuracy. I use the word "acquired" advisedly, for such proficiency meant years of toil and close observation. In those days it required some work and a high degree of skill to estimate the temperature of a patient. In these days a person of ordinary intelligence can learn to do it in a few minutes. But in those days many, many things were seen and considered besides the fever, while in these days it is often only a question of reading the thermometer, with little or no consideration of the fact that the patient is an individual, and therefore essentially different from every other individual.

Furthermore, with the invention of these instrumental means of diagnosis our powers of observation are likely to be decreased rather than increased. This being true, it is at least debatable whether or not those of us who now occupy the stage are any more capable than those who preceded. I believe that constant use of the clinical thermometer has stunted the growth of many promising practitioners. They came to rely upon its findings so entirely that they observed no longer, and with disuse came a lessening of this very important faculty. And thus it has come to pass that because the presence of pus usually produces a fever, the absence of fever is considered to be ample evidence that pus is not present. Other evidence indicating pus is not seen, or if seen, not understood. The result of thus relying upon a single symptom which may be misleading is sometimes disastrous. For example, there may be pus tubes, a large appendicial abscess, or a quantity of pus free in the abdominal cavity, with a normal temperature. This I know of my own knowledge. And usually these cases have been allowed to get to such a condition because the attending physi-

cian believed that without fever there could be no pus. Other and quite apparent physical signs were present, but to him invisible because his attention was entirely absorbed by the showings of the thermometer. To be successful in all things, it is necessary to weigh all things.

MELANCHOLIA.

Bishop McMillen, M.D., Shepard. O.

Melancholia is the depressed form of insanity. It is one of the three great classifications. The patients are usually able to be up, dressed, and about the house and grounds. Often they do some work, and are fully conscious of what is going on, but many are so absorbed with their thoughts that they will not speak nor answer to indicate that they are aware of what is passing on about them.

Authors have written large text-books on melancholia, giving full descriptions of the many sub-classifications of the various forms, but I must be brief and leave details to them. I will only consider a few practical points of interest to you. Ill health, shock, emotional disturbance, deranged digestion, all of which are followed by enfeebled nutrition, are a few of the common causes of melancholia. The vital forces are always lowered. The brain cells are most always normal in the beginning, but if nutrition of the brain is defective for a long while, microscopic degeneration may follow in a few months and prevent complete recovery. Every effort in treatment should be to return the patient to the normal in looks, in thoughts, in words, in acts, and to hasten normal functions and habits in all ways. Every physical and mental function is lowered, slowed-down and depressed. Respiration is never full, the patient sits leaning forward in a cramped position, and as a result the blood only receives a partial supply of oxygen; for that reason I have a spirometer used to increase the action of the thoracic muscles. Calisthenics also aids oxygenation of the blood, but it often takes much effort to urge many melancholic patients to make and keep up sufficient effort to bring results. This loss of energy is a cause of much sorrow to the patient and annoyance to the nurse.

If I were asked to diagnose melancholia by asking one single question, that question would be, "Does the patient accomplish the usual amount of work, and do it as well, and in the usual length of time, physical health and surroundings being considered?" It will be found that the work is always below the normal. If to the above, sleep is disturbed, and there is an ache in the back of the neck, and there is a fixed depressed facial expression, absence of smile, lack of attention, all these continued for several days, it is then evident that the patient has a case of simple melancholia.

Delusions and hallucinations are often met with in melancholia. Illusions are not so common as they are in mania. "All insane patients do not have delusions, but all persons who have delusions are insane." "A

delusion is a false belief, something a patient believes for a more or less extended period of time, which is neither sustained by reason or investigation, but from which no argument will convince." Melancholics do not always have delusions, but when they do exist they are of a depressed character. There are several forms, and may be on any subject of thought. Delusions of persecution are very common. The person thinks he is getting the worst of it in every way, and may accuse any one, and often his best friend, of mistreating him. Delusions of self-persecution are directly the opposite; here the patient is always the wrong-doer. With these two central ideas as a foundation in melancholia many delusions may be developed. In the one the patient is wronged by some one; in the other the patient has done wrong. These may be rephrased and changed into many stories that a patient may repeat for months or years. Often hallucinations of sight or hearing are the source from which the delusion has its beginning, and it may be hard to determine between them. But if we will remember that hallucinations are of the special senses, while delusions only have to do with thoughts alone, a diagnosis can easily be made.

There often are delusions of a single thought, but as time passes they grow to include many ideas. These ideas become all-absorbing and fill the mind, crowding out normal thought until the subject is paramount and the patient cannot turn the thoughts to other things and hold the mind to it. If reading, the paper is dropped and the deluded idea holds sway, the emotions are all depressed, self-control is lost, will power is weakened, work ceases, interest is lost in everything natural. Digestion is deranged because of the depression of the mind, nutrition is always below normal, and anemia always results after a few weeks' time. In this condition the patient soon loses hope and abandons effort, and sits helpless, and often cannot be urged to throw off the unnatural state and help to recover the normal. Attempts at self-destruction are sometimes considered by the patient. At this stage the physician is called in, and it often takes weeks and months to re-establish normal functional activity, and there must be constant watchful care.

It is a common error for the friends to use deception, and to agree with the patient as to the truth of the delusion. It is always best to try to correct the error. Tell them the truth about everything, just as if they were sane, and help sustain and lead the mind back into normal channels of thought. Tell them their mind is wrong at once, and thereby retain their confidence and good will. Never whisper in their presence; tell them everything. They are as able to detect deception as they ever were, and if deceived lose confidence in those they have always trusted.

The treatment with drugs and other measures is but a part. Well-directed discipline and positive talks are essential to recovery. For this reason the patient should be placed with specially trained physicians and nurses, who know and can anticipate the changes that are most liable to develop. There are many tricks that patients do that can be prevented if the attendant is capable of detecting before a habit is formed. For these

reasons sanitariums are the best places for acute cases. State hospitals often are the proper places, at public expense, when melancholia does not yield to treatment in the first six months, because of the financial drain. History shows but a very small per cent. of recoveries in less than four months. The usual time of recovery in melancholia is four, six or nine months, although many cases recover after from one to two years, or a longer duration.

Treatment should consist of constant and careful watching, with firmness and all possible kindness, and an experienced attendant to prevent accident. Treatment at home is very trying on relatives and friends, and insane patients will impose on the sympathies of their family and grow irritable at their dictations. For this reason most all are removed from home and placed in a specially equipped institution. A specialist should be in consultation and see the patient often, if not actually in charge of the case. There are many details in the management to be met as well as in the proper medication.

Specific diagnosis and medication give as good results here as in acute diseases of a purely physical character. Hypnotics are to be used, often in large doses when necessary to secure sleep. Over-medication should be carefully avoided. They should be special remedies, not regular, and not every night if they can be avoided. Sedatives, such as passiflora, hyoscyamus, asafetida, etc., are also to be considered as temporary remedies. Remedies that improve digestion, as pepsin, papain comp., hydrastis, etc., are usually needed to give a good appetite. Full feeding and good nerve tonics usually re-establish normal nutrition, and they boost the patient on the high road to mental restoration.

PAINLESS PARTURITION.

Finley Ellingwood, M.D., Chicago, Ill.

I have not prepared for this section the paper for which I am listed on this program. I spent all the time I had to spare in preparing the paper on "The Latest Facts in Specific Drug Action" for the Department of Materia Medica and Therapeutics, and that paper I will read at the proper time. I would like, however, to call the attention of this body, in a few words, to the subject of inducing *painless labors,* a matter which I have talked and written a great deal about, and one which has grown on me for seven or eight years.

Medical schools of to-day are educating the young doctors to take care of their obstetric patients in a *scientific* manner; so scientific that they are neglecting to pay attention to many details which those of us who are old in the work consider of real, practical importance, and very essential to the progress of the patient. Many of these details are not considered scientific, but we consider that the young doctor should not be taught to pass them by, or consider them of but little importance. I believe the methods

now advised rather increase than decrease the seriousness of labor, and in many cases make them harder.

It seems to be the rule for the majority of the profession to consider these cases essentially surgical cases and the treatment as such, instead of considering labor as a natural process, and one that in a very large proportion of cases will make a perfect termination without interference. I am confident that many cases are made severe surgical cases, and a large fee obtained for treating them surgically, when if *let alone,* or conducted on rational surgical principles, they would have terminated themselves in a satisfactory manner. If I had time I could tell you of a case fully illustrating this statement, which happened in my locality this spring. The conduct of the case was a disgrace to any man calling himself a scientific physician. Those of us who have been endeavoring to acquire a knowledge of methods which will relieve the pain of childbirth have seen the results in so many cases, and in so marked a manner, as to preclude the possibility of classifying them as coincidences. We *know* they were the *results* of treatment.

We have in our materia medica a few remedies which specifically modify many untoward conditions of the pregnant state, perfectly, so that when we get to the end of the term we have a condition as nearly normal and natural as it can be made. I can give you case after case where I have been making special observations in this line, which I know could not have simply happened to be so, in the treatment of such cases. One case especially terminated very successfully. A United States Senator from Idaho wrote me of the condition of his wife who had had a most severe previous confinement. "Can you do anything for her this time? I know she will commit suicide if she does not get relief. I have often heard of you and your work, and I would like to send her to you." She was with me three months receiving treatment. She had but three pains, the labor occurred at full term and lasted but twenty minutes, and there was positively no trouble.

Another case: A physician came to me and said he would like to leave the care of his wife in my hands. I did not see that patient until an hour before the delivery. The doctor took the advice in my office, went home and carried out the treatment with his wife, and when confinement occurred she was delivered in one hour—an almost painless labor. The last patient of this kind I had, told me she had nothing that could rightly be called pain. All she felt was simply strong expulsive efforts.

When we can do this, it seems to me we should get down to business and do it. I know you have all tried different measures to make labor normal and natural and as easy as possible; but it is the putting together, it is the aggregation of the good things in this, that we are after. It is the summing up of all things we have observed, and getting to the time when we can put together three or four, or maybe five, of the very best of them, and make them accomplish the result we desire. It is not all in one thing or all in another, and the medicines themselves are not the whole thing, but they have a good deal to do with it.

In all the books on the subject there is a great deal said about dieting the patient. I believe that we can diet the baby to death. I have seen it done. I have seen the mother dieted until the poor little mortal was nothing but a driveling skeleton, that did not have vitality enough to exist through the first month. I am not decrying dieting, but I say, do it sensibly, study your patient. Don't think that because so-and-so got along with such-and-such a diet another patient should do the same way. You must remember this: Every action of *each* patient's body must be watched, and I believe that every remedy given has some effect either upon the kidneys, skin, etc., and we should let no action of any organ go long wrong without our knowing it and correcting it. Take off all undue nervous tension, and do all that you can to keep your patient in a healthy, normal condition during the entire pregnant term, and you will have far better results than if you let everything go as it will until the last minute.

PERTUSSIS (WHOOPING-COUGH).

A. F. Stephens, M.D., St. Louis, Mo.

Whooping-cough is a communicable disease, infectious in nature, and characterized by periodic, spasmodic cough. A paroxysm consists of a prolonged expiration accompanied by a succession of short, sharp coughs, which are followed by a correspondingly long inspiration which terminates in what is known as the whoop. The paroxysm of coughing is accompanied by spasmodic contraction of the glottis, which narrows the *chink,* thus obstructing the free entrance of air, hence the whoop is due to the inrush of air through the narrowed passage of the larynx.

In the uncomplicated case of pertussis no distinctive pathological lesions appear. However, extreme congestion of the different organs, such as the lungs, heart and cerebral meninges, characterizes the paroxysmal attacks. In grave and fatal cases the lesions arise from mechanical accidents, as hemorrhage in the various parts, as the eye, nose, meninges, etc., or emphysema. Intercurrent and complicating diseases occur in many cases, such as pneumonia, broncho-pneumonia and meningitis.

The period of incubation is about ten days. The onset is characterized by symptoms which usually accompany bronchitis or bronchial catarrh. The cough is not distinctive in the early stage, and usually does not develop the characteristic whoop until the disease has existed for two or three weeks, or even longer, when its character becomes manifest. The disease is then readily recognized. It may be described briefly as beginning with a number of short, sharp, spasmodic expiratory coughs, succeeded by a long-drawn inspiration ending in the peculiar whoop which gives the disease its name.

In severe cases the conjunctivæ become congested, the eyes protrude, the face is congested and cyanotic, and the mucous membrane is blue in

appearance. A tenacious mucus is expelled at the end of a paroxysm, and very often it terminates in emesis. The attacks of coughing are preceded by nervous apprehension on the part of the patient, and, coming on at night, the little sufferer usually springs to an upright sitting position in bed, though sound asleep when the paroxysm begins. The number of paroxysms during the twenty-four hours differs in different individuals, ranging from four or five to thirty or forty, depending largely on the temperament of the patient. A paroxysm is often precipitated by nervous excitement or crying, or by mechanical irritation of the air-passages. The duration of the disease in uncomplicated cases is usually about twelve weeks. The most dangerous complications which may arise are: Meningitis, meningeal hemorrhage, broncho-pneumonia and convulsions due to cerebral congestion, extreme spasm of the glottis and obstinate vomiting, which latter may prove fatal in infants who are already greatly debilitated.

A positive diagnosis cannot be made until the characteristic cough develops, though whooping-cough may be suspected if an epidemic exists in the neighborhood, or if it is known that the patient has been exposed to the disease, and the cough does not yield to the ordinary treatment.

Whooping-cough is usually considered by the laity as insignificant, and therefore little attention is given to its treatment, the child being left to "cough it out," while the fact is, it is a most dangerous disease, the mortuary records showing a high death-rate. Uncomplicated cases readily recover, but the length of time it takes for the disease to run its course, and the many intercurrent diseases which may develop during that time, should induce both parents and physician to guard the patient carefully and meet the complications as they arise, as well as do everything that may be done to mitigate the severity of the symptoms and shorten the duration of the disease.

As to treatment, the only rational method is the same as in all other diseases, which is, to resolve it into elemental *conditions* and apply our remedies to the relief of these conditions. In other words, specific treatment is the only logical treatment, and if closely followed will give decidedly the best results. A consideration, therefore, of the following specific remedies, with reference to their specific action upon pathological conditions, will apply: *Belladonna, drosera, gelsemium, hyoscyamus, lobelia, pulsatilla, passiflora, piscidia erythrina, sanguinaria, solanum car., trifolium pratense, veratrum album, ammonium chloride, cerium oxalate, kali mur.* 3x, *magnesium phos.* 3x. Studying these remedies from the standpoint of their specific action, we find as follows: The administration of *belladonna* will relieve all those cases showing evidence of capillary congestion, such evidence being a dusky, bloated face, bluish mucous membrane with dull facial expression. *Drosera* is indicated when the cough is dry, irritable and lacking secretion. *Gelsemium* will do the work when the patient is restless, nervous, has headache all over the head; when the eyes are bright, the conjunctiva red and suffused and the spasm of the glottis severe. *Hyoscyamus* is the remedy in all cases showing cerebral hyperemia with ner-

vous excitement, and when the sleep is disturbed by ugly dreams, or partially wakeful delirium with spasmodic movements. *Lobelia* will relieve those cases wherein the breathing is short and labored, with a sensation of oppression in the chest, or when pain is complained of in the region of the heart. *Pulsatilla* will greatly aid those cases wherein the nervous symptoms predominate, the patient showing nervousness and sleeplessness, or where the patient is emotional, peevish, and cries without provocation. *Passiflora* is to be given when the patient is fretful, sleeps poorly, or is delirious and complains of much pain in the stomach, with vomiting as a pronounced symptom; also weight and pressure in the head, with threatened convulsions. *Piscidia erythrina* has a beneficial influence upon the disease when the patient shows a distinctly spasmodic cough accompanied by extreme restlessness and insomnia, or if there is a tendency to choreic movement. *Sanguinaria* is to be given where the bronchial secretion is profuse, and in those cases where the pharynx and larynx are dry, with a sensation of tickling and constriction in the throat. *Solanum carolinense* will relieve in cases showing a distinct spasmodic element, or when there is exaggerated laryngeal spasm or a tendency to convulsions. *Trifolium pratense* is beneficial when the larynx is irritable and the cough is increased thereby. *Veratrum album* should be administered when the surface is bluish in color, the skin cold, the eyes sunken and the features pinched, thus showing vasomotor depression; the cough is spasmodic, suffocating, and the paroxysm ends in emesis. *Ammonium chloride* is to be used when the secretions are tenacious, ropy and profuse. *Cerium oxalate* is an excellent remedy in those cases where vomiting is a pronounced symptom. Its exact specific properties are not known to me. *Kali mur.* 3x is the remedy when the cough is short, spasmodic, hard, harsh and accompanied by wheezing râles, and when the secretions are thick, white and tenacious. *Magnesium phos.* 3x is the remedy when the spasmodic element predominates. *Potassium bromide* is curative in like cases, or when the patient shows a tendency to laryngeal spasm or general convulsions, or is nervous, sleeps poorly, is irritable, and when the disease is worse at night.

The above group of remedies studied carefully, with a close observation of the exact conditions present in the many different patients, will insure prompt relief of the severer symptoms, if they do not shorten the duration of the disease. I believe, however, that this may be done in some cases, though not in all.

RATIONAL DRUG ADAPTATION.

W. Leming, M.D., Lexington, Ky.

Specific medication may be defined as the scientific adaptation of a definite remedy to a definite wrong, as evidenced on the organism by characteristic or specific indications.

Recognizing that various tissues respond to their specific irritants (foods or medicines), we naturally expect to find a remedy for a diseased tissue

or part among those agents, noxious or harmless, which have been proven to affect that part. Simon says: "We know that causes choose their organs of manifestation with as decided, and sometimes almost as exclusive, a preference as governs the phenomena of inorganic chemical affinity. This we may make a matter of experiment. If one introduce various noxious agents into the stream of circulating blood, all organs are equally exposed to their influence, but how differently are they affected! Inject opium and the brain suffers; arsenic, and the stomach inflames; strychnia, and the cord is acted on; cantharides, and the kidneys are irritated; and all this so definitely that the attraction evinced is equal to a chemical demonstration of the agent employed."

There is no uncertainty in the action of a drug. The uncertainty lies in our understanding. The force of the remedy may be turned aside temporarily, or combated by a stronger force, and thus cease to act toward a cure; but this is no fault of the remedy, but of our own self, since we have not chosen the correct agent for the basic wrong.

Specific medication demands an understanding of a disease, a locating of the enemy in order that a single shot, a direct force, may bring victory. A bombardment may hit the right locality, but consider the possible devastation to neighboring parts.

An irritation of whatever nature in a minute area, in any portion whatsoever of the human organism, gives rise to a certain intelligence. A diseased state in any portion of the body gives indications of that wrong, which indications we must learn to recognize and interpret. They are the specific indications of the disease *and for our remedy*.

The modes of recognition are both natural and instrumental, or a combination of the two. Among the natural may be named the agency of the senses, (*a*) seeing, (*b*) hearing, (*c*) feeling, (*d*) tasting, (*e*) smelling, also (*f*) subjective sensations of organic life. Among the instrumental agents of specific diagnosis are the microscope, stethoscope, thermometer, and the scores of scientific aids to the natural senses. Any agent which shows us the nature of the diseased force and the line in which that force is acting, renders our understanding of the case more specific and becomes an instrument for our appropriation.

The indications which we find may be considered as (1) primary or (2) secondary. The primary indications are the direct outward manifestations of the disease, and when discoverable are more specific in their meaning than the secondary or indirect signs. But oftentimes there are no direct signs of the disease which we may discover, and at those times the secondary indications or "sympathetic symptoms" become invaluable. Instance the inflammatory fevers in the early stages. The primary, direct signs of the inflammation may not be discoverable until many hours after we have found, and followed with intelligence, the warnings given by the secondary indication on the pulse, the skin, the temperature, etc. True, we may not apply our remedy directly to the seat of the trouble, but we may knowingly control the systemic reactions.

Knowing the specific acts and signs of the various disease forces, we must also know the specific action of our remedies. To the exact degree with which we familiarize ourselves with these two phases of medicine will our medication become specific.

This knowledge may be gained by clinical observation and experimentation on the human body, to a lesser degree on the lower animals, and in the bacteriological and chemical laboratories.

Dealing with the human body, it is preferable to study on that body whenever possible, although valuable information may often be supplied from the other sources by those specialized along the line. One fact is a certainty: To learn the action of a drug we must be careful how we combine it with other drugs, not that a proper combination of drug forces is worthless, but because the medicinal action may be obscured. A drug, to affect a part in disease, must evidently be capable of influencing that part in health. If cantharides specifically influences the kidneys, we may expect some sort of remedial action from it in disease of those parts. It necessitates clinical study to define the nature of diseased action remedial. The fact that it acts upon the parts does not necessarily indicate its kind of action in disease. Not every drug displays a poisonous or irritative quality, however. Some of our most indispensable remedies act almost insensibly, and produce no apparent, or at least very little, action upon the healthy body, thus requiring absolute use to even define in the smallest degree their actions.

RECAPITULATING.

First, the diseased action must be as accurately as possible defined, using every agent at our command.

Second, knowing the activities of our remedies, we must choose that one which is known to affect the cells at fault in an opposite direction to the basic forces as shown by the basic or specific symptoms; remembering that a drug affects a tissue or set of cells alike in health and disease, the resultant or remedial effects, however, being different because of the fact that in disease the drug force is expended in counteracting the diseased wrong, and that repair of tissue is but a continuation of a natural process temporarily held in abeyance by the unnatural or diseased forces, and made possible by the skillful and scientific removal or neutralization of those forces.

MALARIAL HEMATURIA.

A. J. Widener, M.D., Little Rock, Ark.

In presenting this brief and hastily-written paper to you, it is not my purpose to consume your valuable time with long set theories and would-be elaborate scientific investigations for the benefit of science only, but will endeavor to present you with the truths as I have observed them for almost a quarter of a century.

Those who have been having frequent attacks of malaria are usually

the subjects of this disease. In fact, I have never treated a case that had not been having these attacks, commonly called chills and fever in this section, and it is my opinion that we imbibe more malaria by inhalation and in drinking water than from any other source.

Not much has been written on this subject, and, as far as I am informed, no new rational theories have been advanced recently, either in etiology, pathology or treatment. Where the leaves, vegetation, underbrush and, in fact, all decaying matter, are burned every spring, we have but little malaria or malarial hematuria. Where the forest trees have been felled and left to decay, within a few years the atmosphere becomes impregnated with malaria, and the drinking of surface water, where such decay exists, is productive of this disease.

During the ten years that I practiced in the swamps I discovered that the atmosphere was more heavily charged with malaria between the hours of 12 and 4 A.M., during the spring, summer and autumn, than at other hours, and patients who were suffering with malaria were more delirious during this period than at others, and those patients who had a rise or high temperature with much delirium from 5 to 7 A.M. seldom recovered.

When I was a lad in my teens I was very fond of fishing and hunting, and was accustomed to taking our blanket, gun, dogs and fishing tackle, and spending the night in the swamps on the river banks fishing; and it was common for our party to fish until midnight, and then lie down until daylight among those musical inhabitants (mosquitoes) that feasted on us while we slumbered. On rising we usually found our faces and hands reddened and swollen as a result of the piercing of the mosquitoes' bills. Did we have malarial fever or hematuria resulting from these pests sampling us? No, I never had it until I located in the swamps where miasm or marsh-miasm was abundant. When I practiced in the lowlands of Arkansas I treated my patients who were afflicted with this dreadful and fatal disease with varied results. Those affected with this malady usually die within the first four or five days from the first passage of hemorrhagic urine, and if they live beyond this period they usually recover. In favorable cases they will void a normal passage of urine, in quantity and color, but the fatal cases seldom void a normal specimen.

Symptoms.—The patient complains of feeling tired, inability to follow his daily avocations, loss of appetite, bowels are usually constipated, lower limbs ache, has been having chills. The liver and spleen are hard and engorged, and he is usually anemic. This hemorrhagic malaria is ushered in by a well-defined chill, nausea and vomiting, the skin and conjunctivæ immediately become very yellow, urine a hazy, smoky hue, later coffee color, bloody, and occasionally almost like pure blood, with great prostration. About the second or third day the skin is a greenish-dingy color. Perspiration is clammy and offensive. Lips are pale, tongue has a yellowish, pasty coating at times, at others a glutinous coat. Breath has a cadaveric odor, and at this stage the scent of the fever is loud; discharges from the bowels are dark green, watery and very offensive. In various cases the patient

becomes delirious in the early stage, is continually spitting, picks at the bed cover and frequently will irritate the fauces with the fingers as though he was removing some foreign object from that locality. Coma vigil develops and death closes the scene, usually from the third to the fifth day.

Case I.—The writer was called about September, 1886, to see J. C., aged sixteen, who lived at a country saw mill, and had been having malarial attacks, chills. His temperature was 104° F., skin dry, hot and yellow. Urine coffee color, thick. Bowels constipated and he was delirious. On rising of temperature continually spitting and would pick at the bed cover, and occasionally he would put his fingers into his mouth as if to remove some foreign object from the larynx. On my second visit the following day, we found his temperature about the same as on the previous day, but the skin and eyes very yellow; urine coffee color, loaded with blood and voiding about two or three pints every eight hours. Third day there were some slight indications for the better. Fourth day, the urine and skin began to clear up, temperature declined, the delirium gave way, he ceased spitting and continued to improve until he had entirely recovered.

Case II.—Mr. G. C., aged fifty-six, painter, had been doing some work near Fourche River swamp, and had been having malaria for about three or four months. On my arrival, December 20, 1908, he informed me that he had had a very hard chill early in the morning, which lasted several hours. His skin and eyes were very yellow, temperature 103° F., urine loaded with blood. Second day he began spitting at random, picking at the bed cover and larynx, and continued to do so at intervals until early morning on the fourth day, when he died.

I report these two cases, not to bring out anything new, but to demonstrate that malaria in 1886 is about like malaria in 1908, a little more than twenty-two years having elapsed between the development of these two patients, who resided about eighty miles apart, and both contracted the disease, I think, under about the same environments. The painter, whose system was saturated with lead and turpentine, died, and it has been my experience that a large percentage of painters cannot survive severe and prolonged sickness.

About 75 per cent. of my patients have recovered.

Treatment.—Quinine, the great antidote for all forms of malaria, has long since been discarded in malarial hematuria, or any other malarial attack where the urine is of a coffee or high color, but have had better results in the administration of specific medicine aconite, veratrum viride, gelsemium, rhus arom., ergot, podophyllum, chionanthus, nux vomica, carbo veg., sodium phosphate, and spirits turpentine, as indicated. Turpentine stupes applied to the dorsum have been used with good results.

The room should be kept clean, well ventilated and disinfected. The patient's bed linen and gown should also be clean and changed at least once daily, as well as being bathed and kept quiet in bed, and removed to the high hills as soon as possible.

IMMEDIATE REPAIR OF THE PERINEUM FOLLOWING LABOR.

Charles J. Hemminger, M.D., Rockwood, Pa.

The portion of the pelvic floor that lies between the anus and the posterior commissure of the vaginal opening is termed the perineum. Under ordinary conditions of health and normal functional activity this floor easily preserves its integrity, supporting both outlets in their proper relative position, thus retaining the pelvic viscera lying immediately above, and effectively resisting the additional strains to which this part of the body is subjected, in consequence of the erect posture and woman's activity as a laborer.

We will not detail the anatomy, structure and relations of the perineum, being more interested in the physiology of the perineum, and, in case of damage, its restoration to the normal state. The real supporting part of the perineum is the truss-like muscular formation, with the pubic ramii as abutments and the muscles bridging across, encircling the anus close to the orifice, while the muscular support of the vagina is about one and one-half inches from the center of the vaginal orifice. So long as this truss, so to speak, remains intact no real prolapsus can occur. In pregnancy this tight mass of fibres is softened, in common with the other parts of the parturient canal, by the excess of blood and serum supplied during the months of gestation.

When the fetal head impinges on the outlet in normal parturition, the first expulsive efforts drive the fibers down, then rotate them outward, forward from under the pubic arch, and finally, by impact following impact, they gradually stretch and dilate until the head slips safely over without injuring the perineum.

This is the ideal procedure in labor, but the result is far different if the head is unusually large, or the shoulders large, or when we have the directions of the head different to the axis of the pelvic canal, or when the head is suddenly driven through an unprepared vaginal canal by abnormal expulsive pains, or brought down too suddenly and rapidly with forceps. Of course, excepting the cases in which the head is out of proportion to the canal and where no softening of the canal occurs.

Injuries resulting from childbirth are of two kinds, viz.: Visible and invisible. The visible tears are manifest on inspection. The invisible is the subcutaneous rupturing of the muscular tissues. The character and extent of the ruptures vary from a simple superficial rent involving only the mucous membrane, so slight in extent and of so frequent occurrence as to be considered the natural result of labor, to the tear in the tissues involving the whole thickness of the recto-vaginal tissues extending toward the cervix and leaving a common genital and rectal outlet. Slight tears may occur anywhere, but generally they are observed at the fourchette, involving a little more than the delicate fold at the posterior commissure. From this

the tear may extend up to the outlet and down to the sphincter and still remain superficial in character. The minimum and maximum tears and their intermediates are legion. In cases where the outlet is small and the pains strong sometimes the columns of the vagina become impinged and are forced before the after-coming head, causing a disastrous rupture.

Complete rupture of the perineum is produced by a rupture of the fourchette, skin, muscles of the truss formerly mentioned, even the circular fibres of the rectum, in the worst cases. In complete rupture by separating the labia majora a serrated raw edge is generally presented, with retracted points on either side, if the sphincter has been severed. Cases are recorded where there has occurred perforation of the perineum. I have never had the privilege to witness such a condition.

The end to be gained by repair of the perineum is to restore the integrity of the functional parts and the results are usually proportionate as to whether the operation has been performed immediately after delivery or at a future time, the favorable results depending entirely on the nearness of the operation to the labor. There is an important point that I wish to call to your attention. The longer the condition is permitted to linger or exist following rupture, the more absorption there will be of muscles and tissues, and perhaps the formation of cicatrices that radically interfere with the operation of repair. Neuroses will have been established, prolapses occur which leave their impress on the nervous system and make the sufferer's life a burden.

Among all classes of society the immediate repair is a time saver. The poor and middle classes are so burdened with the duties of life that they cannot remain in bed long enough to obtain the success if the operation is done at some future time following delivery. Well, some one says, I am no surgeon, let him do the work later. No, general practitioner, too much work of this kind goes to the gynecologist, and women are the chronic sufferers of this nefarious practice. More than this, the late operation requires more technique and is more expensive, and for this reason the poor patient goes on suffering because she was not aided properly at the time of her confinement by the accoucheur who could have done it in a few minutes at little expense.

If the operation is done immediately following parturition the parts are considerably numbed, and by the local application of an 8 per cent. solution of cocaine, the patient seldom feels much pain. Be equal to the occasion; the first few operations will seem awkward, but after that you will not let one ruptured perineum go unrepaired. Examine all your patients, and if any rupture of any consequence has occurred repair it at once.

I hear some one say it is indiscreet to lift the covers and see. This is professional prudery. There is not one woman in twenty that will object. They have employed you to do your duty, and have a right to expect your duty well done, and will offer no objections to sensible visual examinations. It is needless to preamble to the patient concerning the trouble, but state the conditions in simple concise words and the cause of them, and that you are

now ready to repair the damage, and assure her that everything will be right. My experience has been that the more elaborate you make your explanations the more apprehensive and frightened the patient becomes, imagining that a formidable operation is about to be performed. By immediate repair, when the lying-in is ended, you have a satisfied patient and have saved her from many chronic ailments.

Have your needles and silkworm gut, or silk, sterilized. Place as many stitches as will properly coaptate the parts, and they will unite by first intention.

But I hear another say the uniting process will not take place while there is a lochial discharge. I will admit that formerly I thought that healing would not take place while there was lochial discharge, but this does not bear out in practice, and any practitioner that has repaired perineums under the conditions set forth will add his testimony to this fact. I hear another say, I have no need of the operation. I have heard that before; but one of two things has befallen this practitioner. Either he has been an exceeding lucky man with his individual patients or his obstetrical experience has been very limited indeed. Ruptured perineums have and will occur as long as children are born, when the conditions are patent that cause it, which have been elaborated upon at the beginning of this article.

I will call your attention to three cases that have occurred in my practice in the last year:

Case I.—Mrs. C., primipara, aged twenty. Family history good. Presentation and position normal. Was in labor eight hours with no progress, except dilatation of the cervix. Applied forceps and delivered a living child. Perineum ruptured, two-thirds length. After removing placenta, placed five stitches, coapting the edges. Recovery complete without incident, except the removal of the stitches.

Case II.—Mrs. W. A, primipara, aged twenty-six. In labor two hours with no progress. Applied forceps, delivered living child. Perineum ruptured one-third. After removing placenta, inserted three stitches. Healing by first intention. Complete recovery.

Case III.—Mrs. A., multipara, aged thirty. Became sick about 10 A.M. Child was born when I arrived. Mother stated that she had three violent expulsive pains and child was born. On examination, found complete rupture of the perineum and anal sphincter. After removal of the placenta, approximated the sphincter and perineum with eleven stitches, then followed with six more re-inforcing stitches. On the tenth day had complete union, and case made excellent recovery.

PREAMBLE, ACT OF INCORPORATION, BY-LAWS AND STANDING RESOLUTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

WHEREAS, The right of doing good transcends all statutory and other enactments, and the profession of healing is therefore radically a sacred one, to be exercised by any and every person duly qualified by natural endowments and acquired skill and knowledge; and

WHEREAS, The practice of medicine has become conformed to the genius of the nineteenth century, and is no more the secret art of a sacerdotal caste or privileged order, to be hedged about by penal laws, ethical codes or other instruments of barbarism and oppression, but has become the lawful vocation of citizens, like other callings; and

WHEREAS, The Constitution of the United States of America, the constitutions of the several States, and the laws enacted in conformity with them, assure and protect this right of medical practice, and all legislation, political favor, or other discrimination tending to restrict or contravene the right, especially for the purpose of fostering any school of practice under the pretext of regularity, or superior scientific knowledge, is a violation of the spirit, if not of the express provision of those instruments, and ought to be discountenanced, disregarded, opposed and resisted as a departure from the principles of republican government, as well as of natural right; and

WHEREAS, The Reformed practitioners of medicine have the same and every right to the encouragement and protection of government as physicians of other schools, and all good citizens; and

WHEREAS, The Legislature of the State of New York did, for the promotion of science and the establishment of an improved practice of medicine, enact the following

ACT OF INCORPORATION.

AN ACT to incorporate "The National Eclectic Medical Association," passed March 27, 1871.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. John Wesley Johnson, Stephen H. Potter, J. S. Cowdry, William Molesworth, R. A. Gunn, J. C. Hulbert, James M. Comins, Benjamin J. Stow, Robert S. Newton, William Jones, Herod D. Garrison, J. M. Harding, S. B. Munn, Dennis E. Smith, Horatio E. Firth, and those associated with them, are hereby associated a corporation, under the name of "The National Eclectic Medical Association," with the full rights and powers for the purpose of this act as natural persons.

SECTION 2. The object of this Association shall be to maintain organized co-operation between physicians for the purpose of promoting the art

and science of medicine and surgery and the dissemination of beneficial knowledge and an improved practice of medicine.

SECTION 3. The business of said corporation shall be managed by its Executive Committee, consisting of its President, Secretary, Treasurer, and such other officers as the Association shall designate; and elections shall be held annually, as provided by the Constitution. All persons so elected shall hold office for the term of one year, and until their successors are chosen. The persons elected in September last as officers of said corporation shall hold office till such election of successors. At all meetings of said Association, fifteen members shall constitute a quorum for the transaction of business.

SECTION 4. The said corporation shall be subject to the provisions of title third, chapter eighteen, of the first part of the Revised Statutes, and to the general laws for the government of scientific and benevolent associations, so far as the same may be applicable and not inconsistent with the provisions of this Act; and,

WHEREAS, This Association has been duly organized in accordance with the provisions and purposes of the aforesaid statute;

We, the members of the Eclectic School of Medicine, subscribing in good faith to the doctrine and principles of Reformed Medicine, as formulated and announced from time to time, and duly proclaimed, do now adopt the following:

CONSTITUTION.

ARTICLE I—NAME.

This society shall be known by the name of "The National Eclectic Medical Association."

ARTICLE II—OBJECT.

The object of this Association shall be to maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery, the dissemination of beneficial knowledge, and an improved practice of medicine.

ARTICLE III—MEMBERSHIP.

This Association shall consist of such permanent members as are members in good standing of the several State societies auxiliary, and of such other members joining independently where there is no State society.

ARTICLE IV—OFFICERS AND EXECUTIVE COMMITTEE.

The officers of this Association shall be: A President, three Vice-Presidents, a Corresponding and a Recording Secretary, and a Treasurer, who shall severally exercise the powers and duties assigned to such officers by the usages of parliamentary and corporate bodies. They shall constitute the Executive Committee of the Association, for the transaction of all its business and affairs, when the Association is not in session, except such

as shall have been delegated to standing and other committees. Their official paper shall, whenever practicable, be authenticated by the seal of the Association.

Article V—Committee on Status and Organization.

The Committee on Status and Organization shall consist of the Recording Secretary of this Association (who shall be its Chairman), the Secretaries of the several State Eclectic Medical Societies, and one member of this Association or other suitable person, to be appointed by the President, from each State in which there is no State society. This committee shall meet on the evening of the second day of each annual session, to consider the condition of Eclecticism in the several States, and ways and means for a more perfect organization in this Association and its auxiliaries. The report of the committee shall be submitted to this Association on the morning of the third day of the session.

Article VI—Advisory Committee.

At the opening of each annual session of this Association, the President shall appoint an Advisory Committee of nine members, two of whom shall be elected from among the Past Presidents of this Association, two from among its officers, and five from among its delegates and permanent members, to which committee, all resolutions, reports, propositions and suggestions relative to financial and business affairs, management and legislation of the Association, as well as all matters other than medical and scientific subjects, shall be referred without debate thereon, and no discussion shall be had in the Association upon any subject referable to such committee, except upon the report of said Advisory Committee thereon.

Article VII—Electoral College.

Upon the last day of each annual session of this Association, an Electoral College shall be chosen as follows: The members residing in, and the delegates representing the State society of each State, present in the session, shall elect, by majority vote, two members, and delegates from each medical college recognized by and represented in this Association shall elect one member. The Electoral College thus chosen, having convened and duly organized, shall by ballot, elect the officers, and designate the place of meeting for the next annual session of this Association.

Article VIII—Reports and Essays.

Within six months before the holding of each annual session of this Association, the President shall designate members as chairmen and secretaries of the several sections, whose duty it shall be to procure papers and reports for their respective sections, to be submitted at the ensuing annual session. Every member of the Association, however, may communicate to the Association or its Secretary such discoveries, improvements, sugges-

tions and interesting cases, as he shall consider useful, and may present papers or essays on topics connected with medical science or practice, and the same, whenever judged of sufficient importance, may be published in the Quarterly.

Article IX—Meetings and Quorums.

This Association shall convene in annual session at 10 o'clock A.M. of the third Tuesday of June in each year, and at such place as the Electoral College shall have designated. The Executive Committee, however, shall have power to change time and place in case emergency shall arise that makes such change necessary or expedient. The period of each annual session shall be at least three days. Fifteen members shall constitute a quorum for the transaction of business.

Article X—Auxiliaries.

State Eclectic medical societies in the several States, and county, city and district Eclectic medical societies in States which have no State society, accepting the Constitution prescribed by and recognizing the authority of this Association, and medical colleges recognized by this Association, shall be auxiliaries to and entitled to representation in this Association. State societies shall pay an annual per capita tax of two dollars for each member in good standing.

Article XI—Amendments, By-Laws, Etc.

This Association has power and prerogative to enact by-laws for its government, consistent with the provisions of this Constitution, and to prescribe forms of Constitution for State, which elect to be auxiliary to this society, county, city and district Eclectic medical societies. Amendments thereto, and to this Constitution, may be made at an annual session of this Association, by affirmative vote of not less than two-thirds of the members present, notice thereof having been given at the previous annual session, and printed in the announcement of the session at which the vote is taken thereon. Such previous notice, however, may be dispensed with, and an amendment adopted at the annual session at which it is proposed, if, after lying on the table one day, the vote thereof is unanimous.

BY-LAWS.

Article I—Membership.

Section 1. This Association, upon recommendation of the Committee on Credentials, may receive as permanent members such persons graduates of medical colleges recognized by this Association, or physicians who are legally qualified to practice medicine in their respective States, as shall be duly recommended for membership to this Association by the respective State Eclectic medical societies auxiliary to this Association. Also applicants as qualified above where there be no State Eclectic medical society.

Also persons of high scientific attainments, upon nomination of a member of this Association. Foreigners of high medical and scientific attainments and citizens who have rendered signal service to the Eclectic medical profession may, upon nomination of a member of this Association and recommendation of the Committee on Credentials, at an annual session of this Association, be elected to honorary membership at the next annual session.

SECTION 2. Every State Eclectic medical society and every medical college auxiliary to this Association, as prescribed by the Constitution, shall be entitled to propose members annually to this Association. The credentials of each applicant shall set forth his academic rank, the institution from which and the year in which he received the degree of Doctor of Medicine, and the time during which he has been engaged in practice. Such credentials, when accompanied by the annual per capita tax of two dollars per member, or from applicants from States having no State Eclectic medical society, three dollars per member.

SECTION 3. The Committee on Credentials shall post, in a conspicuous manner, in the place of meeting, all names referred to them, before action shall be taken thereon. Each applicant reported favorably by the Committee on Credentials shall be admitted without vote, unless vote by the Association shall be demanded by ten members.

ARTICLE II—FEES AND DUES.

SECTION 1. Every person elected to permanent membership shall complete such membership on payment of two dollars, and after the first year shall pay an annual due of two dollars, except non-State society members, three dollars each, as provided in preceding Section 4, Article 1, on Membership. Past Presidents and other worthy members of this Association, upon two-thirds vote of all the members present at an annual session, may be exempted from the payment of annual dues, but not from duty of annually reporting place of residence, and members so exempted shall be designated Exempt Members.

SECTION 2. Each permanent member shall be entitled to a certificate of membership, duly authenticated by the signature of the President and Secretary and the seal of the Association, and, on payment of annual dues, which shall include the subscription of $1 to the Quarterly. Duplicate of a lost certificate may be given on payment of two dollars.

SECTION 3. On the second and also on the third day of each annual session, the Treasurer shall report, in open session, the names of all members in arrears for dues. A member so reported, shall not be entitled to exercise the rights of members until his or her arrears for dues shall be paid.

SECTION 4. Omission to pay annual dues for two years shall be equivalent to a surrender of membership. A member so suspended may be reinstated on payment of the amount of two years' dues, upon recommendation of the Committee on Credentials.

Article III—Ethics.

Section 1. The members of this Association shall exercise towards each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified and unworthy an honorable practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or of advertising which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates.

Article IV—Discipline of Members.

Section 1. Any member may be officially censured, invited to withdraw, or be expelled from membership, for unprofessional or other improper conduct, or for violation of professional comity, but specific charges shall be first made in writing, and one copy presented to the accused, or to some person authorized to act in his behalf, and another to the Secretary, at least one month before the annual session at which action is taken.

Section 2. Members who, as professors or officers of colleges, vote or otherwise co-operate in the conferring of the degree of Doctor of Medicine on any person not duly entitled to the same by the necessary attendance on medical lectures and thorough examination, shall be liable to discipline as provided in this article.

Section 3. A member of this Association, who commends a proprietary medicine which is advertised to the public, whether the formula be known or not, shall be subject to discipline, as above provided, for unprofessional conduct.

Section 4. Any person expelled from this Association shall not be received as a delegate to this Association, until the society, whether State or local, to which he shall belong, shall show good and sufficient cause for reinstatement in this Association.

Article V.—Medical Colleges.

Section 1. The schedule of requirements for graduation of students in medical colleges recognized by this Association shall be the same as are prescribed by and fulfilled in the minimum requirements of the National Confederation of Eclectic Medical Colleges, which Confederation shall be under the direction of this Association, and to it shall be referred for its action all matters pertaining to the study of medicine. At each annual session of this Association, the National Confederation of Eclectic Medical Colleges shall report for approval all business transacted by it. No College shall be given recognition by this Association as a medical college until it shall have held four annual terms and graduated a class, and shall be shown to have complied in all other respects with the requirements of the National Confederation of Eclectic Medical Colleges. The list of Medical Colleges

recognized by this Association shall be published in the Transactions of each annual session.

Article VI—Duties of Officers.

Section 1. The President shall have general supervision of the Association, and shall appoint the following standing committees, in addition to those named in the Constitution:

1. On Credentials: An annual committee, to consist of three members, to act on all applications for membership or reinstatement.

2. On Affairs of Medical Colleges: A permanent committee to consist of one member from each college, whose duty it shall be to consider such contingent matters as may arise concerning the status of medical institutions, and to whom all complaints and matters of dispute relating to medical colleges shall be referred without debate.

3. On Grievances: An annual committee, to consist of five members, to whom shall be referred all complaints and disputes between members, and charges against members of unprofessional conduct.

4. On Organization and Legislation: An annual committee, consisting of one member from each State. To this committee shall be referred, without motion, all matters pertaining to the enactment and enforcement of laws for the regulation of the practice of medicine in the several States, affecting the status of Eclectic medical colleges and Eclectic physicians of such States.

5. Finance Committee: An annual committee, consisting of three members, to whom shall be referred all matters of expense for the ensuing year, excepting salaries and such other expenses as may be fixed by the Association. It shall be the duty of this Committee to audit the accounts of the Secretary and Treasurer, and report at the annual meeting at such times as the report may be called for. In case this Committee shall fail to approve or disapprove any bill, within ten days after its submission to audit, the Secretary may report the omission to the President, who, with the Treasurer and one of the Vice-Presidents, shall thereupon have power to audit such bill and on such audit to approve or disapprove the same.

Section 2. The Vice-Presidents are to co-operate with the President in furthering the interests of this Association, and, in case of his absence or death, assume his duties in their respective order.

Section 3. The Recording Secretary shall have charge of the proceedings of this Association, and shall act as custodian of the property of same. He shall keep the records of the meeting, and shall keep a complete file of all books and papers belonging to the Association. At the expiration of his official term, he shall turn over to his successor, in good order, the appurtenances of his office.

Section 4. The Recording Secretary and Treasurer shall receive reimbursement for expense incurred, for travel to and from the meetings, together with hotel bills.

Section 5. The Corresponding Secretary, in addition to the usual duties of such office, shall, under the direction of the President, have charge

of and make arrangements for the sessions of the Association, and shall procure reduced railroad rates, and otherwise aid the officers in the performance of their work, and shall edit the Quarterly.

SECTION 6. The Treasurer shall collect and disburse and have charge of all moneys belonging to the Association and its members, collecting all dues, and paying all current and other bills approved by the Finance Committee. He shall render a statement, at the close of each fiscal year, of his receipts and his disbursements.

ARTICLE VII—SECTIONS, PAPERS AND ESSAYS.

SECTION 1. Provision shall be made for the holding of as many sections as may be desired, at annual sessions of this Association. All papers designed for this Association shall be accepted and read, or referred by title in its appropriate Section, and become the property of the Association. In the absence of any officer of any Section, the vacancy shall be filled by an appointment by the President.

SECTION 2. The Chairman of each Section shall convene his Section at the earliest possible opportunity, and all papers that have been submitted shall be considered, and the recommendations of the Section communicated to the Association. The reading of any paper or essay shall consume not more than fifteen minutes, and no member or members shall speak more than twice on the same subject, nor consume above five minutes. The entire discussion of any subject shall not occupy more than thirty minutes.

SECTION 3. No paper or essay shall be presented in any Section, except by a member of the Association.

SECTION 4. The Secretary of each Section shall submit to the Secretary of the Association a full list and report of all papers and essays presented, and the Section's recommendation thereon, and at the close of each annual session shall deliver all papers, essays, documents and records of the Section to the Secretary of the Association.

ARTICLE VIII—TRANSACTIONS AND PUBLICATIONS.

SECTION 1. All papers read or submitted by title to this Association shall be its property, and shall be published only at the discretion of the Publishing Committee in the Quarterly, though members may reserve the right, if they wish, to copyright the same, the fact to be so stated in the published reports of the Association. Papers, to be entitled to publication in the Quarterly, shall be in the possession of the Recording Secretary within twenty days after the close of the annual meeting of the Association. No paper previously published in any other periodical, or in any other form for distribution to the public or to the profession, shall be published by this Association.

The National Eclectic Medical Association

QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.

FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
{ O. C. WELBOURN, M.D. W. N. RAMEY, M.D.

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EDUCATION.

There is not only unrest in the status of what constitutes a medical education and its remodeling, but it seems to extend throughout the entire domain of the educational world. Our attention was recently attracted to this clamor for a remodeling of our educational institutions by reason of a severe stricture upon our public school system appearing in one of our cosmopolitan dailies.

Severe criticism was passed upon our public school system because of the failure of some high-school pupils to properly qualify for certain positions. In defense of our school system it is justly claimed that the few cannot be taken as an example of the whole. There is just as much justice in condemning our entire public school system because of the lack of ability of some or many of its graduates to read fluently or spell correctly. We have seen many who are teaching, or who have made success in other walks of life, who lacked the ability to read correctly or understandingly, and their spelling was a fright.

This same criticism has been passed upon college graduates. The truth is, our pupils cannot be made over the same pattern. Individual tastes and peculiarities count for much in education. We lay simply the foundation. There is not a public school system in any civilized country that can compare with the public school system of this country. The attempt to Germanize or Anglicize our school system is certainly not commendable, and ought not be. Many of our educators who are foremost in the movement are men whose entire life has been spent in a class-room and are ignorant of the conditions of life outside their immediate environment, and know it only from the impractical, theoretical side. It reminds one of the report of the commission appointed to investigate the condition of the farmer. This report exhibited to any one living in a rural community the total ignorance of the investigators upon farm life. There is no class of people living more in actual luxury than the farmer at the present time.

Germany, it is true, has a compulsory public school system, but this applies to the grammar grades only. When the high-school or gymnasium is reached in Germany there is no more a public free system as in this country. The gymnasium or preparatory school is for the well-to-do. In America the high school is for all who are ambitious enough to devote their time to study. Our own State of Ohio has even enacted laws which enable the ambitious or diligent youth to secure the benefits of the high school even though he does not live in the immediate vicinity of one. I believe others of the States have similar laws, and it is, as its name implies, a "public high school," and not a high school for the aristocrat.

Our institutions are aping too much after the "Old World." They are smattering too much of paternalism. The conditions of society and of life are totally different in the two "worlds," and to attempt to apply these conditions and environments to our institutions of learning would almost necessitate an entire remodeling of our whole public school system, of which we as a nation are so proud. The critics and remodelers ought also to remember that the school simply lays the foundation for success in future life, and does not and cannot furnish the finished product. How well they have done so, the life of the nation and the success of its citizens amply testify.

The same criticism can with equal justice be made against our medical colleges and examining boards. Four years or even five years cannot furnish the finished physician. The foundation or the elements for success are laid in the college years. The finished product is made by after years of study and investigation. Examining boards are wont to think that the student emerging from the college ought to know all the finer distinctions of diagnosis, treatment, etc., taking no notice of what one learns from experience and study in after-life, for a physician's life is one of study and investigation. We take it that examining boards ought only ascertain if the foundation has been properly laid, not that the student is the finished product, which can only be achieved by years of toil and study.

There is much criticism, and there will probably be as many critics as there are investigators of the subject, but sound common sense ought to prevail, and our school system, both the common and the higher, ought not be made so rigorous as to shut out the masses, leaving them open only to the few. The tendency is in that direction, and the vast accumulation of wealth by the colleges and universities is tending toward the making of an aristocratic class even in the educational field. M.

The establishment of State licensing and examining boards has served the purpose of divorcing the teaching from the licensing powers in medical matters. They have also served the purpose of elevating the standards in medical educational matters, not only in the preliminary qualifications, but in the medical as well. There are times, however, when we fear they overstep their purpose or authority, yet, notwithstanding all their shortcomings

and criticisms which may be made, there are none that equals that of making them subservient to the payment of political obligations or promises. This is the spectacle that has and is presenting itself in some of our States at present. There is no better way of destroying their real usefulness and prestige. This same criticism applies with equal weight to our public hospitals. So long as they are made an asset for the payment of political debts, just so long will their real worth and usefulness be lessened.

M.

Pursuing our criticism along the same line, it has always appeared to us to be radically wrong for a physician to be a member of a State examining board, or hold any official position, and purport to be the representative of a particular school, who is not actively identified with his State or National society, or both. In many States the existence of a State society is a prerequisite to representation on the examining and licensing board, yet we see men claiming to represent the cause of Eclecticism or the Eclectic school on these boards who are not even members of their State society. Others are bearing the burdens; they are reaping the rewards. No doubt this same political pull is responsible for this anomalous condition, yet it should not be, and "the powers that be" ought to be so informed. The rewards, should there be any, ought to go to those who bear the heat and brunt of the battle. M.

We were unable, by reason of its lateness, to grant or comply with a request from one of our contributors for reprints of an article appearing in the September issue. We were even unable to furnish extra copies of the QUARTERLY. If any desire reprints of their articles the request will be granted if we are advised before the issue of the QUARTERLY. The reprints will be furnished at cost. It might be well, while commenting on the subject of reprints, to call the attention of the members of the National to Section I of Article VIII of the By-Laws of the National Association.

Seventy-five names have been forwarded to the secretaries since the meeting in June last. If the secretaries of the State societies would wake up to the realization of the necessities of a thorough organization, and if the members of the National would also realize our needs and be a little enthusiastic along these lines, it would be several times seventy-five.

M.

The American Association of Medical Colleges, at its last meeting, reaffirmed its allegiance, for the present at least, to the four-year high-school course as preliminary to the study of medicine. This is practically the same as the sixty counts required by the Michigan board or the New York Board of Regents. This is as it should be, and it is far better, as Henry S.

Pritchett, President of the Carnegie Foundation for the Advancement of Teaching, affirms, that there be an honest enforcement of the standards adopted than the adoption of high standards which are not enforced. At present we can think of about ten standards as regards preliminary qualifications, as well as medical, as follows:

1. Five-year medical course, the first year being devoted to preliminary work.
2. Five-year medical course, the last year being clinical.
3. Four-year medical course, after the four-year high-school course.
4. Four-year medical course, after the four-year high-school course, and an extra year being devoted to biology, chemistry, physics, and one year in a modern language.
5. Four-year medical course, after one year in a liberal arts college.
6. Four-year medical course, after two years in a liberal arts college.
7. Four-year medical course, after graduation from a liberal arts college.
8. The combined six-year course.
9. Four-year medical course, after graduation from a three-year high-school course.
10. Four-year medical course with no preliminary qualifications.

These all have their advocates. It is certainly a chaotic condition. It would be far better to raise all to a certain standard before endeavoring to raise the standards and increase the chaotic condition already existing.

California.

The California Eclectic Medical College in San Francisco was completely destroyed by the earthquake and fire in April, 1906. After more than a year of uncertainty it was decided not to rebuild or open the college again in San Francisco; and, after due deliberation, its charter and good will was tendered to the Eclectics of Los Angeles and accepted.

A new faculty, building and equipment were secured in the short time of six weeks, and the school opened in its new location on the appointed day, with eight students in attendance. The work of the first year was eminently satisfactory, considering the inexperience of its promoters and the many difficulties which had to be overcome. The second year the number of students was increased by one, making nine names on the roster.

The lease on the building used was for two years, and expired July 1, 1909. A new and better location was then secured at 337½ South Hill Street, right in the heart of the city, where the college is now conveniently and comfortably established. A number of local Eclectic physicians joined together to give the institution financial backing, and, by their generosity and loyalty to the cause, the college has acquired no debts and prospered beyond all reasonable expectations.

Every chair in the faculty is filled, and well filled, and perfect harmony prevails. The number of students this year is more than twice the number

enrolled in either of the previous years—nine freshmen, and twenty-one matriculated in all classes. It was a surprise to find so much good teaching talent in the faculty, and professors and students alike are enthusiastic in their work. The outlook for the future is most encouraging, and everything presages success.

Dr. J. A. Munk has removed from the Security Building to 337½ S. Hill Street, Los Angeles.

Dr. John Fern, of Oakland, will hereafter limit his practice to diseases of the chest, stomach and blood.

Dr. Charles Clark, of San Francisco, and Dr. W. M. Mason, of Lodi, are the newly appointed Eclectic members of the California Examining Board, the next meeting of which will be at Los Angeles, December 7-10.

J. E. Shearer, M.D., has removed from this State to his former home, Medford, Oregon.

C. C. Light, M.D., has located in San Pedro.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held in the College Building, September 7. The essayist was Dr. Orin Davis, the title of his paper being "Desultory Glimpses of Medicine, Retrospective and Prospective." The essayist for the October meeting was Dr. C. E. Johnson, his paper being entitled "Radium as a Therapeutic Measure."

Connecticut.

The semi-annual meeting of the Connecticut Eclectic Medical Association was held at the Allyn House, Hartford, Tuesday, October 12, 1909. After the reading of the semi-annual address by the President, O. L. Massinger, M.D., papers were read by Dr. P. A. Taylor, "Syphilitic Iritis;" S. B. Munn, M.D., "Obstetrics;" and Joseph Cohen, M.D., "Surgical Gynecology." Visitors from the New York State Society were: Drs. Boskowitz, Hardy, Brandenburg and Thompson; also Pitts Edwin Howes, of Boston.

Joseph Cohen, M.D., of the class of 1909, New York Eclectic Medical College, has located in Bridgeport.

Georgia.

Osteopathy has been recognized in Georgia and a State board of examiners appointed. The bill providing for a separate board passed both houses and has been signed by the Governor.

The Georgia College of Eclectic Medicine and Surgery opened Tuesday, September 21. Many improvements have been made in the building and much new appliance for teaching added. The prospects for the coming year are reported as being good.

Michigan.

Dr. Wm. Bell, of Belding, has been reappointed for the fourth time as a member of the examining board. The doctor has served thus far ten years as a member of the board. He is chairman of the Committee of Registration.

Missouri.

The American Medical College, of St. Louis, has affiliated with the new Association Hospital, which has a capacity of fifty beds. The daily dispensary will be conducted on the first floor of this new building. The college reports an increased attendance and good prospects for the coming year.

Fred. Longfield, of Lathrop, has been appointed surgeon of the Burlington system.

S. D. Packwood, M.D., of St. Joseph, is taking a post-graduate course in Chicago.

The State Board, at its recent meeting, September 20-23, granted thirty-seven certificates and revoked four. The next meeting will be held in Jefferson, December 6.

New York.

The entire class of 1909 of the New York Eclectic Medical College was successful before the State examining board. What better showing could be asked for a rating?

Henry J. Doll, M.D., has removed from 211 W. Sixty-ninth Street, New York City, to 1124 Gennessee Street, Buffalo, N. Y.

Joseph Cohen, M.D., a graduate of the class of 1909 of the New York Eclectic Medical College, has located at Bridgeport, Conn.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the college auditorium, Thursday, September 16. Dr. Hardy delivered the address for the month on "The Delivery of the After-Coming Head."

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, September 9. In addition to the address of the evening by Dr. G. W. Boskowitz, papers were read as follows: "Asclepias Tuberosa," G. W. Thompson; "Therapy of Thyroid Extract," D. Alperin.

The college opened September 15 with a good class. Many additions have been made to the equipment.

Nebraska.

Dr. John Spealman, of Lincoln, has been appointed city physician. The doctor is a graduate of Lincoln College.

The Lincoln College reports an increase of students in all its classes and the largest freshman class in its history. The larger part of the work of the freshman and sophomore years is taught in Cotner University, to which, or with which, the medical college is affiliated. New laboratory facilities, an increased faculty and a desire for work promises much for Eclecticism in Nebraska. Loyalty on the part of the alumni will insure success for all our colleges.

R. S. Grimes, M.D., is county physician of Lancaster County.

Agnes Jones, M.D., has been appointed physician for the State Home for the Friendless in Nebraska.

H. B. Cummins, M.D., has succeeded W. T. Johnson as a member of the State penitentiary board, as well as a member of the State examining board.

Ohio.

J. H. Huntley, M.D., of Lima, met with an unfortunate accident recently, his automobile being struck by a freight train. The injury was so severe as to necessitate the amputation of his left leg. The doctor is doing well at present.

W. B. Turner has been appointed physician to the Newark City Hospital.

The State Board of Medical Examination and Registration, at its meeting October 5, which was held in Columbus, granted reciprocity licenses to six from Illinois, three from Indiana, one from Maryland, three from Michigan, two from New York, seven from West Virginia and one from Wisconsin.. Two licenses were revoked. The next meeting for examination will be held in Columbus, December 7, 8 and 9, 1909.

The Western Ohio Association met in the rooms of the Business Men's Club of Springfield, October 5, 1909. "Round Table Topics" were conducted by Dr. C. A. Hartley, of Troy. Dr. Guy J. Kent read an intensely practical paper as well as a most interesting one. Prof. R. L. Thomas was present as a guest and made an address. The Association meets quarterly.

The Executive Committee of the Ohio State Society met on the morning of the same day at the same place and outlined the work for the coming yearly meeting. In the afternoon they were the guests of the Western Association.

The Eclectic Medical Institute opens with a freshman class double that of last year and a slight increase in all the classes. Before the issue of the next number of the QUARTERLY they will have moved into their new building, which, though not the largest, is one of the most complete buildings for the teaching of medicine in the Middle West.

The Northwestern Ohio Society met at Lima, Tuesday, October 19, 1909, in regular quarterly session. The attendance was good and an interesting discussion was had on "Fractures and Dislocations of the Upper Extremity." The discussion was made practical by the presentation of clinical cases. This association meets quarterly.

A. T. Rank, M.D., has located at Cavett, removing from Carthage, Ind.

At the State examination in Kentucky, July 6, 1909, out of a class of 150, 110 passed. All of the graduates of Eclectic colleges were successful.

The December meeting of the Northeastern Ohio Eclectic Medical Association will be addressed by Prof. J. U. Lloyd. Topic: "Poisonous Drugs, Their Qualities; Non-Poisonous Drugs, Their Qualities."

James Byron Van Horn, Eclectic Medical Institute, 1905, and former Professor of Anatomy in the same, has been appointed Surgeon in the U. S. Army, with the rank of First Lieutenant, and is stationed at Fort Mackenzie, Wyo.

Wisconsin.

Dr. A. B. Bailey, Fennimore, is the newly elected president of the examining board of that State.

C. W. Rodecker, of Wonewoc, succeeds Dr. J. V. Stevens, of Jefferson, whose term expires by reason of statutory limitation.

The newly elected secretary of the State examining board is Dr. J. M. Beffel, 3200 Clybourne Street, Milwaukee.

West Virginia.

L. W. Page has located at Rock Cave.

Charles L. Tinker has located at West Liberty.

A. C. Lambert has located at Glenova.

A. C. Moercke, M.D., is president of the Iowa State Board of Medical Examiners.

E. W. Goldman, of Madison, S. D., is the coroner of Lake County of that State.

W. P. Collins, M.D., of Howard, is also coroner of Miner County, S. D.

Urling C. Coe, E. M. I., 1904, is health officer of Bend, Oregon, as well as chairman of the board of education.

John W. Reynolds has located at Erie, Texas.

John W. Wenzel will locate at Bakersville, Pa.

Samuel F. Smith, M.D., secretary of the Florida board of examiners, has changed his address to Lakeland, Fla.

Harry F. Killen, M.D., has located in East St. Louis, Ill.

LOCATIONS.

Word has been sent to us that there are plenty of good locations in Oregon. Portland, Klamath Falls, Medford and Roseburg offer exceptional advantages. The writer informs us that there are more and better locations than in any other State in the Union.

We have a call for an Eclectic physician in Illinois. Write Dr. G. S. Couch, Friendsville, Ill., relative to it.

A. J. Johnson, of Muscogee, Fla., desires a successor. The doctor offers a sure thing to the right man.

There is a good country location within ten miles of the editor's home where a good man can make a living from the beginning. A small town, but a fine farming community.

MARRIAGES.

Mrs. Belle Ward Scudder and Dr. H. Ford Scudder, at Redlands, Cal., June 18, 1909.

Miss Theresa Vincent Keys and Anthony Vincent Burke, September 15, 1909, New York City.

Mary Lucille Babcock and Samuel George Babcock, M.D.

OBITUARY.

Bell, George W. (license, Missouri, 1892), at his home in Kansas City, June 19, 1909, aged seventy-one.

Biggart, Joseph S. (license, Tennessee, 1889), at his home, Carter's Chapel, aged sixty-three.

Chenoweth, Nelson Tillman, Eclectic Medical Institute, Cincinnati, 1867; Miami Medical College, Cincinnati, 1883, at his home in Windsor, Ind., October 8, 1909, aged seventy-two.

Dodd, Erasmus S., Eclectic Medical Institute, Cincinnati, 1849, at his home in Buchanan, Mich., September 13, 1909, aged ninety.

Emmens, Peter Walter, Eclectic Medical Institute, Cincinnati, 1876, at his home, Binghampton, N. Y., August 22, 1909, aged seventy-eight.

Fitts, Melvin H., Eclectic Medical Institute, Cincinnati, 1873, at his home, Martin, Tenn., July 21, 1909, aged sixty-seven.

Greene, Frank Eugene, Eclectic Medical Institute, Cincinnati, 1875, at his summer home in Swapscott, Mass., August 25, 1909.

Hand, John Holmes, Eclectic Medical College of Pennsylvania, Philadelphia, 1870, at Dias Creek, N. Y., September 8, 1909, aged sixty-four.

Hart, James G., Eclectic Medical Institute, Cincinnati, 1873, at his home in Murray, Ky., September 23, 1909, aged sixty.

Longfield, Jesse, Bennett Medical College, Chicago, Ill., 1863, at his home in Turney, Mo., September 2, 1909, aged seventy-eight.

Miller, John W., American Medical College of St. Louis, Mo., 1897, at Edwardsville, Ill., aged seventy-one.

Mulholland, Isaac M. (license, Ohio, 1896), at his home in Toledo, O., June 21, 1909, aged eighty-five.

Paine, Oliver Dwight, Eclectic Medical College of Philadelphia, 1860, at his home in Youngstown, O., September 1, 1909, aged ninety.

Pleavin, Alfred Earnest, Bennett Medical College, Chicago, Ill., 1906, at his home in Elgin, Ill., September 22, 1909, aged twenty-nine.

Smith, Earl Carlton, Eclectic College of Physicians and Surgeons, Indianapolis, Ind., 1893, at the home of his sister, Indianapolis, Ind., September 19, 1909, aged thirty-seven.

Smith, Daniel A., Eclectic Medical Institute, Cincinnati, 1855, at his home in Anthony, Fla., aged seventy-nine.

Alford, John W., Eclectic Medical Institute, Cincinnati, 1875, at Hutchinson, Kansas, October 11, 1909, aged sixty-seven.

Wherrell, John, Kansas City Medical College, Kansas City, Mo., 1889, Professor of Internal Medicine in the Western Eclectic Medical College of Medicine and Surgery, at his home in Kansas City, Kan., August 12, 1909, aged sixty-six.

Wolfe, Charles M., Eclectic Medical Institute, Cincinnati, 1905, at his home in Galveston, Tex., August 29, 1909, aged thirty.

Pickett, Cyrus, Eclectic Medical Institute, Cincinnati, 1870, at his home in Dunning, Neb., August 7, 1909, aged sixty-nine.

Whitney, A. B., Pennsylvania Medical University, 1863; United States Medical College of New York, 1883, at his home in New York, September, 1909, aged seventy-two.

Williams, John (license, Indiana, 1897), at the home of his daughter, near Bowling Green, Ind., October 4, 1909, aged ninety-seven.

ADDRESSES.

Your officers have filled out and delivered membership certificates to all the new members. There has been some necessary delay due to having to have a new lithograph made, certificates made out and sent to the President for his signature, returned and mailed.

Notwithstanding unusual precautions against mistakes, we have quite a number of the certificates returned—not called called for, not claimed, unable to deliver for want of a better address, party removed, etc., etc.

We earnestly request those who have not received their certificates to at once notify us, should any such chance to read this notice.

We trust the State secretaries will recognize the importance of revising their lists of membership and of keeping the National officers informed of any and all changes of address.

We are gratified to know that all but a few of the States have affiliated or are taking steps to affiliate with the National, and that individual members are from time to time sending in dues and applications. We desire to impress alll with the importance of *filling all* the blanks, and not leaving the officers to guess whether a question was overlooked or to be answered in the negative.

BEST.

Don't Forget

That if you have not mailed your subscription blank for the QUARTERLY, which you received last month from Dr. Scudder, kindly fill it out and mail it to him TO-DAY.

Don't Forget

That if your *National* dues are not paid for 1909-10, send two dollars to the treasurer, E. G. Sharp, M.D., Guthrie, Oklahoma, and he will send you a receipt. Do this *to-day,* and next spring make your next payment through your State society secretary.

Don't Forget

That if you have any medical friend—Eclectic or otherwise—who would like this QUARTERLY, have him send *one dollar,* the regular subscription price, to the editor, W. N. Mundy, M.D., Forest, Hardin County, Ohio.

This QUARTERLY is owned and published by the *National,* and belongs to *you,* and *you* can help build up the subscription list.

Don't Forget

That if you or any Eclectic State society member wants membership in the *National,* you can apply *now,* by writing to the secretary, W. P. Best, M.D., 2218 East Tenth Street, Indianapolis, Ind.

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COMPLICATIONS.

F. L. WILMETH, M.D., LINCOLN, NEB.

In the complications which occur as the result of disease or trauma, nature is usually equal to the emergency of caring for functional disturbance for a reasonable time, or until the restoration of normal functional activity. Thus, in affections of the kidneys, the increase of the exhalations of the skin and lungs in a measure compensates for decrease in the excretion from the kidney, and with the assistance of the increased activity of the healthy kidney the compensation is made complete. In the disturbance of the digestive tract and the malnutrition accompanying them, especially in diseases of an asthenic character, the normal heat of the body is maintained by combustion of tissue.

In complications, as we might term them, of inflammation, or, in other words, the disturbances of function which always occur in severe inflammation or infection, constitute in many instances the difficulty met with in the management by nature of a diseased condition, of a local inflammatory action or infection. For instance, in lobar pneumonia, were it possible for this to exist without any disturbance of the functions of enervation, circulation or respiration, it would be very quickly attended with complete subsidence of the inflammatory action or infection, accomplished by the forces of nature unassisted. This being the case, then, that functional disturbance, embarrassing and preventing nature from properly nourishing and repairing the tissues, and from proper secretion and excretion necessary to this repair, the control and regulation of functional activity, constitutes the keynote to success in treating medically any inflammatory, infectious or organic disease, or in preventing this functional complication already described—in fact, all the necessary treatment in the cure or prevention of disease. The action of the special sedatives is almost entirely exerted on the excited area of inflammation, yet their most potent effect is, in my opinion, that which they exert on the innervation and circulation of the various secreting and excreting organs or surfaces in subduing the excitement and converting their excited action into normal innervation and normal or nearly normal activity; thus overcoming or preventing the complicating functional disturbances and preventing further absorption or auto-infection as an embarrassing factor in inflammation or infection.

Now, it is not my intention to make this a paper on complications occur-

ring as amenable to medical treatment, but in a manner this illustrates the point I wish to make with reference to organic disease or conditions pointing to surgery as the remedy which will remove complications and bring about a similar condition. A more nearly normal activity of the parts and restoration to health, although the basic lesion, as Scudder would say, is not directly operated on or disturbed. Complications arise as a direct result of an organic disease, of a diseased adjacent structure, or may arise indirectly or independently of a given disease. I have met with some complications in the last few years which have sorely tried my judgment and skill, and, though I am reasonably well pleased with results in some instances, in many cases and at least in two instances I would have been pleased to have shifted the responsibility, had it been convenient. We have often been told that "when in doubt, do nothing;" but this is not very satisfactory advice to one when the indications are that something must be done at once, and we must take measures to clear our doubts away and determine the proper course to pursue.

The first case I will cite is one of those. A young woman in her first pregnancy, of about four months' duration, came to me suffering with severe abdominal pains of paroxysmal character, aching in both iliac regions, and stating that she had had two or three slight uterine hemorrhages. She was robust and apparently healthy, and no historical events were related which could be accepted as directly related to this condition, to which symptoms could be ascribed as a result. I examined her carefully, and found nothing to satisfy me as to the cause, and advised rest in bed for a time, a light diet and careful observation by her physician. I do not know how well this was carried out, but about three months later she was brought to me by her physician and consultant for the removal of the contents of the uterus, a thing I was very loath to do. She was suffering severely, the temperature was in the neighborhood of 104°, and it was necessary to keep her under the influence of an opiate to render her condition endurable. There was extreme tenderness over the abdomen, the muscles were very tense, and no special tension at one part more than another, but the particularly dense tension which indicates peritonitis; but what was the cause? The bowels and kidneys had acted freely and satisfactorily. Her physician and consultant both suspected an intrauterine cause. Fetal movements were not apparent, but we reasoned, had it been of intrauterine origin it would without doubt have been accompanied by uterine contractions. I was of the opinion that the peritonitis was of extrauterine cause, that the gravid uterus acted as a complication, and as such aggravated the inflammatory condition, by reason of the pressure exerted on the surrounding structures and peritoneum; that with severe inflammation of the peritoneum the contents of the uterus would later be expelled or destroyed; that an abdominal lesion at this period would probably result in an expulsion of the contents of the uterus, not so quickly but as certain and with more grave consequences, were it permitted to proceed. By its removal I anticipated that nature would be able to subdue the inflammatory action after having been

relieved of this physiological pressure and tension, and I would thus be sufficiently warranted in the removal of the uterine contents. This was accordingly done, after which we found a mass in the right iliac region, apparently not inflammatory in itself, which gradually subsided under appropriate medical treatment, which was both internal and local, until the patient considered herself well and discharged herself from my care. Some weeks later I was called to see her and found a cystic tumor in the right side, evidently arising from the ovary, which was later removed on the advice of her physician. The question to be decided in this particular instance and at the time of the first operation was, whether surgical intervention was proper, and if so, of what character? Had it been an intrauterine cause, it would have subsided after the first operation without any medical treatment other than that of a strictly functional character, and my opinion at that time, and later confirmed, was, that while the peritonitis was of extrauterine origin, it was aggravated in a great measure by the gravid uterus, and that the increasing size of the uterus embarrassed and prevented the forces of nature from properly overcoming the infection from the ruptured ovarian cyst and that the simpler method of treatment was the removal of the complication which I assumed in this instance to be the contents of the uterus and thus permit nature to overcome the inflammation without interference. My judgment proved to be correct in this case, as at the second operation we found the ovarian cyst to be adherent to the intestines, as well as other evidence of recent infection and inflammation. On examination of the cyst we found it to contain some of the remnants of an impregnated ovum, which, decomposing or degenerating, was the cause of the infection and excited the inflammatory action.

Case No. 2. A lady about thirty-five years of age was brought to me from a neighboring State, suffering from what was supposed to be extrauterine pregnancy. She was accompanied by her family physician, who had previously consulted with his neighboring colleagues, and all had agreed as to her condition. She was suffering from severe pains, simulating labor pains, with all the attendant dangers of extrauterine pregnancy, hemorrhages, shock and sepsis.

Upon examination, I found the fetus to be loosely contained in the abdomen and its limbs were easily palpated and moved about by the hand, being apparently surrounded only by the abdominal wall. On bimanual examination I found the uterine wall above the cervix to be very thin, and decided it was not a case of extrauterine pregnancy, but apparent softening and thinning of the uterine wall, and sufficiently dangerous that an exploratory incision was advised. This was done, and we found a greatly dilated uterus, the walls of which were very thin, and on account of the continued presence of contraction we decided it unsafe to permit the patient to take the chances of rupture of the uterus either at full term or premature delivery. I therefore advised and performed a Cæsarean incision. In this instance, had I been able to determine accurately the strength of the uterine walls, together with the exact period and viability of the child, and been

able to measure the probability of uterine contraction not being sufficient to cause rupture, this might not have been a surgical case, or it might have been postponed until a later time and a viable child secured.

In this instance we found one of the cases of nature's inability to protect itself. One would have expected that with the uterus affected with myomalacia, it would have protected itself in a measure by refusing to be occupied by an impregnated ovum, or, with this disease of the uterus, one would expect that an ovum would fail of attachment. Yet we find that in this instance it not only became attached but continued to develop while the uterine walls continued to soften and dilate without taking on the usual nutrition and strength found in impregnated uteri.

Case No. 3. A patient about twenty-eight years of age, in her first pregnancy, suffered severely from recurring attacks of appendicitis. After four months' development of the uterine contents the attacks became more severe and frequent, yet at no time was there any indication of pus formation. She was operated on and the appendix removed, which was found to be adherent to the uterus and parietal peritoneum. A reasonably rapid recovery ensued. This patient had not, at the time of reading this paper before the National, been confined, but a letter since stated her good health, freedom from pain, and that she was able to perform all her household duties up to the time of her confinement, which occurred without any complications. In this case the adhesion of the appendix to the uterus was a sufficient cause for the surgical intervention, and the fact that she recovered with the complications mentioned, indicates and confirms the necessity for intervention.

Case No. 4. It is hardly necessary to speak of the complications of obstruction in inflammation of the appendix, as this is so frequently found. We have been compelled to meet it so often that we have a method of overcoming it in simply opening the small intestine, leaving a fecal fistula to be closed at a later and convenient time.

Case No. 5. A patient sixty-four years of age, suffering from severe sacral pain, followed and accompanied by headache, nausea and vomiting, followed by shock and other symptoms of vasomotor disturbances, was found to have a small tumor situated below the promontory of the sacrum. There were apparently no complications existing in this case, except the age of the patient and her greatly weakened condition as well as her poor state of nutrition. The question involved was, whether at her time of life one was warranted in interfering and endangering the short span of life which yet remained to her, by an attempt to remove the tumor, which apparently was the cause of the nervous disturbance. However, upon the earnest solicitation of the patient herself, and after four months of careful preparatory treatment, which was not very successful, as the patient was unable to stand, and was greatly emaciated at the time, we operated and found what appeared to be an ovary surrounded and embedded in the pelvic structures posteriorly, and apparently not the result of inflammatory action. Rapid recovery proceeded for three weeks, after which the same phenomena recurred. No benefit from the operation.

Other cases might be cited to demonstrate the necessity at times of the removal of apparent complications, permitting other diseased conditions to remain, especially of an inflammatory character; and we should not be disappointed in expecting nature to care for them herself, when not embarrassed by interference by them.

NEW ACTIONS OF OLD DRUGS.

Finley Ellingwood, M.D., Chicago, Ill.

In the consideration of our materia medica it is not necessarily essential that we have a larger materia medica than we now possess. In fact, I am confident that we have remedies enough if we know them perfectly.

The facts I shall here present to you principally are new ideas concerning the action of remedies with which we are to a degree familiar, or old ideas renewed and brought again to mind concerning these remedies. It is additional facts that will perfect and complete our knowledge of each individual remedy, or the thorough proving of that which is now accepted as fact.

I will introduce this consideration by calling your attention to the use of the juice expressed from the green leaves of the poke (phytolacca decandra) in the treatment of epithelioma. A number of writers have used this remedy for this purpose. One claims that it seems to have a special selective action for the morbid tissue which develops in this disease. By applying the juice freely, it seems to penetrate to and follow out all the irregularities of the diseased tissue, causing its liquefaction, as it were, and removal, and then it causes a natural cicatrization. This writer claims to have seen large masses of this tissue destroyed in a few weeks and but a small scar remaining. He says that the application of the juice produces a great deal of pain, but, being non-toxic, is harmless. It would seem that the simple application of a local anesthetic would do away with the pain, without interfering with the action of the remedy.

The second remedial influence which I will mention is that of ipecac in alcoholism, which was strongly advocated a few years ago. If I remember correctly, Dr. Waugh presented this action of this remedy some years ago. Twenty minims or more of the fluid extract of ipecac, given during the excitable period of acute alcoholism, has been found not only not to induce nausea, but to produce a satisfactory quieting effect at once, followed by undisturbed natural sleep. The dose may be repeated once or twice a day, until the patient entirely recovers, especially when presenting symptoms bordering on delirium tremens. I omit any consideration of lobelia or hyoscyamus, as that is taken up *in extenso* by other essayists.

One of the most intractable of common conditions is exophthalmic goitre. A report has been recently published of forty-three cases treated with sodium phosphate. The writer, a prominent German, obtained such excellent results from the action of this remedy given for some time alone and

sometimes in conjunction with the extract of the thymus gland, that he has developed great faith in this remedy. The action of the thymus extract has been commented on a number of times, but the author doubts if it is any more active, or as active, in the cure of this condiiton, as the sodium phosphate.

Apocynum has been advised for five or six years in the treatment of sciatica. I have been at a loss to explain how it could benefit these cases. I have never been able to find a rational explanation from any writer until one observer has claimed that in the line of its influence on general dropsical effusions it will act directly on the sheaths of the nerves as they enter into the tissues of the joints; that it acts upon serous membranes and upon the pericardium in the same manner. It thus influences the throwing out of the substance within the nerve sheaths which compresses the nerve, and thus removing the compression, relieves the condition. This seems to me to be a reasonable explanation of this influence.

In the treatment of any condition in which the skin is *persistently dry* we do not think often enough of the action of jaborandi in permanently overcoming this condition. I have had a number of instances lately to call my attention to the importance of the use of this remedy under these circumstances. A small dose, two or three drops every three hours, is usually sufficient. A writer in my medical journal reports a most intractable case of eczema treated with this remedy. His suggestion led me to try it in a stubborn case of dry eczema, which had lasted for three years, notwithstanding noted skin specialists had treated it always without results. The patient claimed that it was impossible for her to perspire. The immediate effect of this remedy upon the skin of the entire body, after two weeks use, was very pronounced, and a most satisfactory cure followed. Some local treatment, however, was used.

Dr. W. E. Kinnett last year called my attention to a stubborn case of psoriasis which he had cured with the internal and external use of iris. While this is the only report I have had of this action of the remedy, the results were so satisfactory in that case as to justify its use in such cases until its exact influence is determined.

I would like to emphasize the use of chionanthus in the treatment of diabetes mellitus. Dr. Hauss presented a paper before this body four or five years ago calling positive attention to this action of the remedy. I have had occasion to use it myself since then, and others have reported to me favorably upon its action, until it has established my confidence in it. How the remedy acts in controlling the output of sugar has not been explained, but that it does control it is proven. As I have watched its influence, I am inclined to believe that the remedy acts upon the pancreatic gland in much the same manner that it acts upon the liver. With us its influence in overcoming catarrhal conditions of the gall-bladder and its ducts is an established fact. I believe it will tend to restore a normal functional action to the pancreatic gland. In my next case of pancreatitis, I shall use it with bryonia with proper external applications. I had delightful results with

bryonia in one severe case of this disease and I shall watch the effect of the two remedies together. It seems to me reasonable to believe that its influence upon the output of sugar is due to its direct influence upon the pancreatic gland.

I desire to call attention again to the action of damiana in establishing in a normal manner the menstrual flow of young girls. It does not accomplish the result abruptly, but, by persistent use for three or four months, the condition becomes satisfactorily normal and irregularities with pain and reflex irritation disappear. It must be given in doses of from eight to ten grains at least of the extract, before meals, and in some cases four times a day. My attention was first called to this by Dr. C. P. Reed, who then remarked upon its tonic influence. I have been very well satisfied with the results when used as Dr. Reed suggested.

At the Illinois State meeting this year, I called attention to the excellent results obtained from the use of geranium in the treatment of gastric ulcer. I could write an essay on this subject which, I am sure, will be most interesting to those present. I believe we are very near to a specific in this condition with this remedy, combined with calcined magnesia or neutralizing cordial to neutralize the excessive acidity. It will be only a short time after the beginning of the treatment until the neutralizing agents can be omitted and this agent can be continued alone.

An old writer in our school twenty years ago, as well as Dr. Furber at the meeting of this Association in Chicago at the time of the World's Fair, argued strongly that geranium would cure gastric cancer. I do not yet believe that, but the next incipient case I get I shall certainly try it in full doses with thuja and echinacea. It has the influence, however, which will be valuable in any case; it limits the infection; it preserves the integrity of the gastric glands, insuring a prolonged exercise of the function of the stomach; and it certainly antagonizes and retards the progress of the disease. All observers claim that it ameliorates the pain. It certainly lessens the vomiting, and in some cases of gastric ulcer the vomiting ceases when this medicine is begun. When first given its influence on the pain can be increased by combining it with cannabis indica.

I have dwelt much in my writings upon the stimulating and tonic influence of berberis aquefolium upon the skin and glandular structures. It certainly is an excellent alterative, especially when the excretion of morbific products through the skin produce the various forms of scaly and pustular skin diseases. Where these eruptions appear on the face, I have suggested its use, and following my suggestions, I have many reports of cures where the eruption has been entirely removed and a clear and soft complexion followed. No advantage is attained by combining this alterative with the iodides. In fact, I consider it a serious disadvantage, because these inorganic salts must be eliminated through the skin and they often increase the irritation. At times it may be satisfactorily combined with other alteratives. This report is useful also in persistent soreness in the lumbar region—chronic backache, increased by movement. This is especially true if the

urine is of high specific gravity, or is turbid from sediment, especially if the liver is involved to any extent.

APPENDICITIS COMPLICATING PREGNANCY.

O. C. Welbourn, M.D., Los Angeles, Cal.

The complications which may arise during the puerperium are so many and so varied that the successful obstetrician must be constantly on the alert. Owing to the fact that something like 98 per cent. of all pregnant women reach a favorable termination of gestation with the assistance given only by Dame Nature, we are apt to become complacently conceited. As a result, various complications arise before we are aware of it and the patient loses the benefit of an early diagnosis. And, should the complication be appendicitis, an early diagnosis is of great importance. *Post mortem* diagnoses are interestingly instructive to the doctor but a bore to the patient.

Appendicitis is met with from the beginning of conception to the end of the lying-in period and it is always a foeman worthy of our best efforts. The diagnosis is difficult because one's mental vision is fixed upon the gestative apparatus to the exclusion of all other organs. With most of us it is rather difficult to see more than one thing at one time. But if we bear in mind that pregnant women sometimes have appendicitis, the diagnosis becomes easy at once. All that is necessary is to forget that she is pregnant and look for the usual signs.

In addition to the usual causes of appendicitis there are some induced directly by the gestation. During the first few weeks the disease may be induced by the indigestible articles that women frequently crave and sometimes eat. A little later, the breaking up of adhesions by the expanding uterus may be the exciting cause, the remote cause being a previous inflammation of the adnexa. After the delivery we may have it as the result of traumatism.

The treatment requires a good deal of consideration if we are to get the best results obtainable. An acute progressive appendicitis should be operated upon early, quite regardless of the fact that the patient is pregnant; neither does the period of pregnancy suggest a trustworthy contraindication. If done quickly, with little or no manipulation of the uterus, the patient may be expected to go to full term without accident unless she should be one of the kind that aborts very easily.

A chronically inflamed appendix, adherent to the uterus or its adnexa, is a source of great danger to both mother and fetus, for it may assume an acute form without notice. An operation is certainly indicated unless labor is about to begin. And even then we may have pus with a possibility of rupture and general septic peritonitis before labor can be completed; a condition of affairs which nearly always produces a fatality. To open the peritoneal cavity and drain is the correct procedure, but, with the added probability of infection of the uterus at the placental site, the outlook is dis-

couraging indeed. While there is more danger in operating for appendicitis on a pregnant woman than on one who is not, still it must also be admitted that there is also more danger in medically treating appendicitis in a pregnant woman than one who is not. It is the same old question: "To operate, or not to operate." Aside from the question of proper facilities and surgical skill, there is the personal predilection of the doctor. As for myself, I have better success in the early operation of any case of appendicitis than I do by any other method of treatment.

ACUTE ANTERIOR POLIOMYELITIS.

J. M. Mulholland, M.D., Pittston, Pa.

The diagnosis of this disease is one that presents little or no difficulty. Previous history of child being good, with sudden onset of acute illness, in either a mild or acute phase, and flaccid paralysis coming on early. Atrophy is one of the early conditions of the affected muscles. There is vasomotor paresis, giving the limb a bluish, cold appearance. The reflexes in the affected limbs are lost early. A good diagnostic point is the feebleness of the muscles to respond to a strong current.

Symptoms.—The beginning of infantile spinal paralysis is generally indicated by febrile excitement, convulsions and pain in the back. The pain marks the seat of the disease in the spinal cord, to which the paralysis of the muscles is due. The symptoms are lost in a few days; sometimes they are absent altogether. Sometimes the paralysis is readily observed from the first, both by its extent and intensity; at others it is not perceived till some one notices that the child does not use one hand or kick with one leg. All four limbs may be affected, or it may be restricted to the leg, or, more rarely, to the arm, or one arm and one leg of the same side or opposite sides, or to a group of muscles, or a single muscle.

The temperature of the limb is much lower than that of the sound; the difference is several degrees, usually four or five degrees. If amendment takes place, the first indication is a return of temperature. The bones are also subject to atrophy, and the atrophied limb is eventually shorter than the sound limb. This disease does not, as a rule, tend to shorten life. The tendency is to limit itself, and when the second stage of the disease appears there is no probability that any extension of the morbid process will take place. The muscles most apt to become the ultimate seat of the paralysis and atrophy are the tibialis anticus, the peroneal, the deltoid, the gluteal, the extensors of the toes, and the quadriceps femoris.

On post-mortem examination, in the spinal cord the alterations were chiefly in the gray matter, and, especially in the anterior horn, the cells had disappeared to a very great extent. In some cases the only lesions found were in the anterior horn cells.

Résumé.—Affection of the anterior horn cells. Symptoms principally limited to the peripheral motor neuron. High fever due to acute infection.

Paralysis of both legs, arm and leg, half body, arm on one side and leg on the other, one arm and one leg, or either. Paralysis flaccid, never spastic, followed by atrophy. Reflexes lost. Sensation good. Sphincters intact. Contractions, club-foot, etc., due to action of antagonistic muscles not affected.

PLACENTA PREVIA.

J. R. Spencer, M.D., Cincinnati.

The placenta is situated upon the anterior or posterior wall of the uterus, some distance above the internal os, more often than at any other point. When it is implanted near to, or covers the internal os, it is known as placenta previa.

There are three varieties of it—marginal, partial and central. The marginal form is where the placenta is located a short distance above the inner os, yet near it. In the partial variety the placenta encroaches upon the os, covering part of it. The central form shows a condition in which the placenta completely covers the internal os, adhering to the uterine tissue near it. The marginal form can scarcely be considered one of the true forms of placenta previa, as in many cases but little or no hemorrhage attends the enlargement of the lower segment of the uterus in the later months of gestation, or from the dilatation of the os at parturition, while the reverse is true in both the other forms.

Fortunately, placenta previa does not occur very often. Statistics show that it occurs about once in every one thousand cases. The partial variety occurs more frequently than either of the other forms.

There are various opinions as to the cause of placenta previa, the most plausible of which is, that the ovum was implanted in the lower section of the uterus, and that the extensive cleaverage of the decidua vera extended the placental attachments to the margins of the internal os.

Cases of placenta previa occur very rarely in primiparæ, and increase in frequency as the number of children borne by any one woman increases.

The most prominent symptom of the existence of placenta previa is re-recurring attacks of hemorrhage between the seventh and ninth month of gestation. Occasionally this hemorrhage commences somewhat earlier than the seventh month. It is very probable that not a few cases of abortion follow this condition, the cause of which is not recognized at the time. The hemorrhage often comes on without warning. Many times it comes on while the woman is asleep. The first hemorrhage is usually a very light one, but it may be sufficiently profuse to cause death. This hemorrhage may continue in a light form as long as gestation continues, but usually it ceases entirely for one or more weeks, when it returns again more profuse than at the first attack. These attacks continue until the time of delivery, and each one is more severe than the previous one. The hemorrhage is due to changes that take place in the lower uterine segment in the later weeks of pregnancy. The enlargement of the uterus at the lower part is ac-

complished at the expense of the cervix until the cervix is obliterated, becoming a part of the body of the uterus. As this enlarging process is progressing the placental attachments are severed, and the obstruction to the flow of blood from the patulous blood-vessels that supply the uterine sinuses is removed, allowing a free hemorrhage to take place. The uterine fibers at this time are stretched, and cannot control the hemorrhage by contraction, like they do after the delivery of a placenta in a normal labor. As the placenta in this condition occupies the lower part of the uterine cavity, the head of the child cannot be accommodated well in that location, and abnormal presentations are more apt to occur.

Frequent recurring hemorrhages in the later weeks of pregnancy are quite reliable symptoms of the presence of placenta previa. A positive diagview that it may induce other inquisitive minds to take up the subject. Morecases the os will be sufficiently open to allow the introduction of a finger into the uterus, where a soft, spongy mass, characteristic of a placenta, will be found. The exact form of the abnormality can be determined by this examination. If the cervix be not sufficiently dilated to allow the introduction of the finger, an anesthetic should be administered and the os dilated to a size that will allow a proper examination to be made. Such a procedure may possibly induce premature labor, but the knowledge to be gained should be obtained even at such a cost, as the life of the patient may depend upon it.

The mortality to children born where a placenta previa is present is about 60 per cent. This is due in part to prematurity, as many cases of pregnancy in which the placenta lies in front of the child are either ended naturally or artificially before full time, and consequently the child receives less vitality. In many cases they die of asphyxiation from the placental hemorrhage. In other cases they die in an effort to deliver through an imperfectly dilated cervix.

The mortality of mothers under these conditions, when the expectant plan of treatment was being used, averaged about 40 per cent. Under favorable circumstances and with proper management, it is not over 5 per cent. The danger to the mother is usually from hemorrhage and septic infection.

In considering the treatment of cases of placenta previa the life of the child should not be undervalued, yet the interests of the mother are of first consideration. Hemorrhages before the period of gestation, when the child becomes viable, are very rare; but if they do occur, an effort should be made to control them and prevent a delivery until that time does arrive. Quietness, freedom from all kinds of excitement, and, if need be, rest in bed, must be enjoined. If the pregnancy can be continued to the end of the seventh month an opportunity to save the child's life will be present, but it should be remembered that this effort should not be made if the danger to the mother should be greatly increased by it. As the time of gestation progresses, the development of the utero-placental circulation increases, and the danger to both mother and child is multiplied. For these reasons a delay in

making a delivery should not be deferred with a view of reaching the full time period. With a proper understanding of these conditions, the physician in charge will be able to determine the time for emptying the uterus.

In the marginal form of placenta previa the hemorrhage is usually of a light form, and the end of the period of pregnancy can be safely reached, as a rule. In both the marginal and the partial forms of placenta previa, an early rupture of the membranes will allow the head to engage in the cervix and make pressure upon the placenta, checking the hemorrhage. This should always be done when the conditions are at all favorable for such a procedure, at the same time a firm bandage with compress over the uterus should be applied to prevent the uterus from being distended by a concealed hemorrhage. Ergot and quinine should be given internally to stimulate uterine contractions. When the hemorrhage is very severe, and also in the central form of placenta previa, this plan cannot be adopted. In all forms of this abnormality, where there are reasons that may induce the physician to delay the labor for a time, the woman should be kept under the most careful observation, as a fatal hemorrhage is liable to come on at any moment.

When there is a necessity for interference with a view of making a delivery, the condition of the cervix must be considered. A forced delivery should never be attempted when the os is not dilated sufficiently, or the cervix is not in a dilatable condition. Generally, when hemorrhage is present, the cervix soon dilates or becomes dilatable. In some instances a hasty delivery can be best accomplished by the use of the forceps. This is true only in the marginal and partial forms of placenta previa, and when the condition of the cervix is favorable for the use of forceps. In the central forms of this trouble the hemorrhage is very severe and demands a hasty delivery. If the cervix be not sufficiently dilated to allow the introduction of the hand, it should be forcibly dilated. This can either be done by the hand or by means of the fiddle-shaped bags of Barnes, McLean or Tarnier. If the delivery does not have to be made immediately, these bags answer a good purpose. When in place, the bag serves the double purpose of checking the hemorrhage by compression and also of dilating the cervix. When one of these bags is used, every precaution must be taken to prevent sepsis. The introduction of the bag is not especially difficult. The patient should assume the lithotomy position, the anterior lip of the cervix should be seized by a forcep and held forward toward the pubic bones by an assistant. The bag in an empty state, is then carried by means of a pair of dressing forceps along two fingers of the operator's hand, placed in the vagina as a guide; part of the bag is carried through the cervix, and the rest of it is left in the cervix. The tube connected with this bag is attached to a Davidson or a bulb syringe, with which it is distended by pumping into it sterilized water. If the operator has previously made a test of the quantity of water necessary to distend this bag to the size sufficient for the introduction of his hand, he will be able to act with greater intelligence. After the dilatation has been completed, the bag should be removed, the hand introduced

and podalic version accomplished. In private practice it is not often convenient to use one of these bags, and a manual dilatation will be necessary. This really is the method to be preferred in most cases. When a version is attempted, it ought to be accomplished without the hand being withdrawn for any purpose, as a fatal hemorrhage is very likely to follow. After one or both feet are brought down, the body engages in the cervix and makes compression upon the bleeding sinuses and quite effectually stops the flow of blood. The speed with which delivery is finished should be governed by the condition of the woman. It should be remembered that there is greater safety at this point in a slow delivery than in a very quick delivery, as a violent shock following a too hasty emptying of the womb may prove fatal.

In some cases after the delivery of the child the uterus does not contract and expel the placenta, and the hemorrhage continues. Then it will be necessary to remove the placenta by the introduction of the hand into the uterus as in ordinary cases of hemorrhage after the birth of the child but before the placental mass is delivered. Crédé's method should be resorted to; quinine and ergot should be given internally, and all efforts made to induce the uterus to contract. Special care should be made by the physician in charge of these cases to do the work as nearly antiseptically as it is possible, for there is greater danger of sepsis in these cases than in normal labors.

The plans of treatment recommended in this paper are those that have been the most successful in the practice of most of the obstetricians of late years. Recently Drs. H. A. Miller and Simpson, of Pittsburg, Pa., have succeeded in ligating the uterine arteries on each side of the cervix uteri, just before the posterior and anterior cervical arteries are given off. By this procedure the hemorrhage has been controlled. Then the version was made and the delivery accomplished without haste or much danger.

DISCUSSION.

G. W. Thompson (New York): The paper covers the ground so thoroughly that there is little to discuss about it. It is a very thorough paper about placenta previa. While he was reading it there were some thoughts came to my mind, and one is the need for a careful vaginal examination. This will usually show you that you have a mass at the lower portion of the uterus which will resist the impressions given by your finger when the head comes down against it. I have had some experience with placenta previa, although it has not been so very marked. As the doctor has said, it occurs in multiparæ, and the parts are usually quite soft, and the placenta previa has a tendency to keep it soft. It is better to deliver as soon as the placenta presents. You gain several points by doing so. First is the growth of the child, which increases rapidly after the seventh month; then, second, is the condition of relaxation, although that will naturally increase as the pregnancy goes on, but the particular thing, in my mind, is the mother and the growth of the fetus. I personally can dilate the os with the finger, and as soon as that is done can proceed to deliver without difficulty.

H. C. Mitchell (Illinois): I don't wish to discuss the paper. I think the doctor has covered the point. I recall an experience I had one time. I had a case of placenta previa. The entire os was covered with the placenta. I could introduce one finger, but could not introduce the second with

which to dilate. The patient had a hemorrhage before I saw her. She was a short, fleshy woman, weighing about 200 pounds. I tried to get my fingers in to dilate, and she was losing blood all the time. I used a tampon and stopped the hemorrhage for twenty-four hours. The next day there was another, the next day another, and the next day the os was dilated, and by forcing the hand through the placenta I delivered the child, saved the mother, but the child was dead. Did I make a mistake in not using force to dilate the os, or did I do right in stopping the hemorrhage and saving the mother?

Dr. Mulholland (Pennsylvania): Time is the main thing. I have had a little experience in the years gone by, and a good deal of late, and I don't think you can be too rapid with these cases. I used chloroform and rapid dilation, and saved both mother and child. It was the rapid dilation that did it.

SUB-LUXATION OF THE HEAD OF THE FEMUR.

M. H. Waldron, M.D., Naugatuck, W. Va.

A woman, about sixty years of age, received a fall and falling struck the right hip against a porch. She experienced sharp pains for a few moments, and was also rendered completely helpless, to such an extent that her friends had to give her assistance into the house. At the time of receiving the trauma she thought she only had a bruise, as she was able to bear some weight on the affected limb after a few hours had elapsed. On her way home, the supposed bruise became very painful. I was not consulted for several days after the accident. I then found the limb somewhat shortened to the extent of an inch and a half. Upon flexion and marked abduction there was a distinct click to be heard, suggesting to me the riding of the head of the femur from the lip of the acetabulum cavity to the acetabulum proper, caused by the lax condition of the capular Y. and ligamentum teres. Associated with these movements there was pain. She could not have any weight upon the affected side. The gluteal fold was diminished, though I attributed the atrophy to the quiet condition in which she kept the limb. The crest of the ilium also seemed to be thickened. Not knowing to what to attribute the cause of this thickening, I suspected there may have existed a linear fracture of the ilium associated with sub-luxation. I also came to the conclusion that the distinct click produced by flexion, abduction and extension was due probably to a rupture of a few of the fibers of the Y. and capsular ligaments and ligamentum teres; the head of the femur remaining in its cavity while no weight was borne on it, but slipping out as soon as weight was brought to bear.

The interest of this case is due to the fact that we would have expected a fracture in a person of such age. I thought of a probable impact fracture of the surgical neck, though upon X-ray examination the result was negative in that respect.

Now comes the question, am I correct in making a diagnosis of sub-luxation of the head of the femur in this case, and, if so, what is the prognosis and best treatment?

SOME EXPERIENCES WITH LOBELIA, HYPODERMICALLY AND OTHERWISE.

J. E. G. Waddington, A.M., M.D., Detroit, Mich.

There has been much discussion lately concerning the use of lobelia hypodermically. Some physicians have most enthusiastically lauded such use, and others have just as unreservedly condemned it, alleging that even small doses of lobelia, hypodermically administered, have not only caused violent emesis, but extreme local irritation, inflammation and even abscess formation. The specific medicine lobelia I have frequently used hypodermatically, fifteen minims at a dose, and this repeated at frequent intervals, in infantile eclampsia. I have also used double the dose in adults, when indicated, and never saw emesis thereby provoked, though the site of injection would remain somewhat discolored and slightly irritable and inflamed for a few days, all this, however, eventually passing away without other untoward sequelæ. When Lloyd's hypodermic lobelia, four times the strength of the specific medicine was introduced, I thought from such concentration, enabling one to thereby give fewer and smaller injections, it should be an extremely good thing. I, alas! quickly discovered to the contrary. No matter how small the dose administered, it invariably caused extreme irritation, with, in several instances, abscess formation at the site of injection. From the extremely dark and swollen appearance of the injection site, which did not disappear for several days, it seemed as if a considerable portion of the lobelia injected was not absorbed, or else very imperceptibly. No emesis ever occurred from the injections, though a friend of mine, to whom I gave some of the concentrated hypodermic lobelia for experimental purposes, assured me later that in his opinion and experience said lobelia was fully equal to apomorphine as a quickly- acting emetic.

A few weeks ago I obtained some of Lloyd's hypodermic lobelia, non-alcoholic, this being a preparation of lobelia precisely the same strength as the specific medicine, only non-alcoholic and minus entirely the oil of the seed. This, in my experience, is the *ne plus ultra* of a lobelia preparation for hypodermatic use. It barely discolors the skin when injected, is rapidly absorbed, and causes no more irritation or local reaction than does the usual hypodermic of strychnia *et al.* No emesis results, and the day following the injection one would be at a loss to determine the site of the same were it not for the puncture mark.

The question now properly arises: Why should one wish to administer lobelia hypodermically? In infantile eclampsia, where one often finds strong indications for lobelia, it is either next to impossible to get an appreciable dose of lobelia down the child's throat, or, if accomplished, it is extremely problematical as to how much, if any, is then absorbed under such unpropitious circumstances as present during a severe attack of eclampsia. On the other hand, the cellular tissue presents itself as an ever ready and exceedingly absorptive medium. In asthmatic dyspnea, difficult respiration during anesthesia, spasm of glottis, croup, etc., the hypodermatic route will

ever take precedence over the alimentary. While my experience has been limited to five cases of diphtheria, treated with lobelia hypodermically, and in three I used the concentrated lobelia, an abscess resulting in each, I can only state that all five cases got well in a remarkably short space of time. Dr. Jentzsch has stated that he believes lobelia to be a vegetable antitoxin. I have used it recently in several cases of auto-intoxication, bronchitis and tonsillitis, and though I can give no very precise explanation for such procedure, found these cases apparently clear up quicker than similar cases did where the lobelia was not used. The drug was given hypodermically in fifteen and thirty minim doses, repeated once daily, for a period of from two to five days. I believe there is here much room for experiment and valuable experience, and, if we will only try lobelia hypodermatically in some of our cases, we certainly can do no harm, and I firmly believe will do much unexpected good, and will then soon be able to determine the specific indications for lobelia hypodermically. As before mentioned, I have found the hypodermatic use of lobelia exceedingly valuable in eclampsia, all cases of dyspnea, no matter what the varied cause may be; in shock, asthma, bronchitis, tonsillitis and diphtheria. When I found the hypodermic lobelia, concentrated, behaved so badly, I started to use up my supply of it by administering it per rectum. In one extremely severe case of eclampsia, boy aged two years, I administered half a drachm of the concentrated lobelia, in a cupful of hot soapy water, per rectum. Much of this, of course, was rejected as quickly as it was injected, but in a few minutes the convulsions ceased, not to return again, and though the child apparently was several times upon the verge of vomiting, emesis did not occur, but in ten minutes from the time of starting the rectal injection he was as wet and limp as if he had undergone a vapor bath.

In a case of obstruction of the bowels, man aged forty-five years, no bowel movement for four days, colicky pains extremely agonizing, I administered one drachm of the hypodermic lobelia, concentrated, per rectum in a pint of hot soapy water, introducing it by means of a long rectal tube and in the knee chest position. The patient retained the entire enema for about five minutes, then evacuated it, without, however, bringing away any feces. He retched easily for a few minutes, broke out into a profuse perspiration from head to foot, and in fifteen minutes from the time of giving the enema was sound asleep, which sleep lasted for over five hours.

In a case of gall-stone colic, woman aged thirty-five years, fluid extract lobelia one ounce, soapy water one pint, was injected high into the rectum every four hours for three doses, which resulted in perfect relaxation, the passage of one small gall-stone and very little emesis.

When lobelia is indicated let us not forget that we have three routes by which it can be administered and these in inverse ratio as to value are the mouth, rectum and cellular tissue.

DISCUSSION.

H. H. BLANKMEYER (Texas): After using it in three or four cases I am convinced of its exceeding utility in spasm and congestion. Twice I

have used it in autoinfection. In one case I gave it to a woman in labor. She relaxed and slept three or four hours. She was delivered of a dead child which proved to have been dead for some days.

Ernest Jentzsch (Chicago): This question of the antitoxin effect of lobelia hypodermically has arisen in my mind several times, and I don't believe it has an antitoxin effect as we understand is claimed for the antitoxin serum. I believe the effect is entirely physiological. Lobelia injected hypodermically causes a quick action on the centers of respiration, innervation, and, so to speak, exerts a control over the symptoms and allows nature to do the repairing. Regarding the antitoxin effect of the various serums, of course that is only a theory, and it probably is based on the same principles, with this difference, that when the human system is injected with any of the serums it, as a rule, causes a negative stage, which is nothing more nor less than a severe depression. If the patient has the strength to withstand this negative stage then it causes a general irritation, or a general contra-irritation, and in this way enables the system to throw out the toxin.

ACTION AND USES OF HYPODERMATIC LOBELIA AND PERISCOPE OF DIPHTHERIA.

Ernest Jentzsch, M.D., Chicago, Ill.

A year ago I reported to you my findings in regard to specific lobelia inflata, hypodermatic, dwelling chiefly on the successful experience I had with the medicine as an antidote for diphtheria.

To-day, after another year's experience, with the disease prevailing in a more malignant type than usual, I am pleased to be able to report the same unbroken success as before. Therefore, I am more than ever convinced that my observations regarding this are correct and true, and will remain so forever. In view of this, and because various investigators have corroborated me, I take occasion to plead for a more general employment of the medicine. I do unhesitatingly recommend lobelia for diphtheria, even though it may be contrary to the wishes of some well-meaning physicians in our ranks.

It is no doubt due to the fact that the pathology of diphtheria is quite uniform; therefore, the constant indication. Besides lobelia is so much superior to the serum, the latter being manifold, but erroneously claimed to be a reliable cure for diphtheria. Therefore, I can see no good reason why lobelia should not be advocated in place of it, when considering that much greater success will be obtained even though allowing a small percentage of mortality. Again, it is absolutely harmless, which is not true of the serum. For want of time, allow me to abstain from a lengthy presentation of evidence in support of the poisonous character of the serum. Just one instance, where a doctor, who stands high in the Allopathic profession, reports a collection of twenty-eight cases, principally emphysema, in which the serum was used experimentally, of which many patients died within ten minutes after the injection. He does not state how many, but says that out of those who died only two lived longer than ten minutes. He cites

about fifteen fatal cases. This report was published, I believe, in the last year's March number of the *Therapeutic Gazette*. The strangest part of it is that the author still believes the serum to be beneficial in emphysema, and he urges further experimentation to find out exactly just how and in what way.

That the serum is not reliable may be ascertained by a perusal of the official mortality statistics of the disease, at this time, when the serum treatment is almost universally practiced. I have here a report from the Chicago Health Department, which gives for one week twenty-one deaths out of eighty-nine reported cases. The mortality of diphtheria has been very high, especially in Chicago; but our Health Commissioner says that this is the fault of the doctors for neglecting to give large and timely doses of the serum, and the fault of the parents for not calling the doctor on the first day of the disease. In my opinion, this statement sounds as though coming from one who is unfamiliar and ignorant of the intelligence and integrity of the general medical practitioners, as well as the conditions under which the disease appears among the common people. We may take it for granted that private practitioners who devote their entire time and energy to their vocation know at least as much about the treatment of diphtheria or any other disease, as does the doctor politician, who, perforce, spends much time and energy at political wire-pulling. Likewise, it is true that the general practitioner is as willing to prevent and cure disease as any health official can possibly be. We may also correctly assume that the time is far off when it will be customary for common people to call the doctor on the first day or the beginning of a child's ailment, because to them it is an important economical question. But maybe this public-spirited official means the people who live in profusion, and the doctors who go up the front way, and therefore speaks from the standpoint of Simonopathy; in this case, let us forget it. The fact remains, however, that because, or in spite of the popular serum treatment, the death toll is too high, which our Health Commissioner recognizes to be a responsibility which an ardent advocate of the sure-cure serum treatment cannot easily dodge. He therefore conveniently rallies to the standard of preventive medicine, and proposes to introduce a novel but strange method to the American public for the purpose.

Power-drunk it seems, he attempts a compulsory treatment on those who are not sick, he peremptorily orders physicians to soak the entire family with the serum where one happens to be sick with diphtheria, and proclaims that where attending physicians fail to do this he will cause it to done; thus far, from what I know, the threat has not materialized; nevertheless, the statement is un-American and dangerous for an official to attempt to trample upon and disregard our cherished civil and medical freedom, and deserves the attention of not only every physician in the "Land of the Free," but also of every man and woman who cares to see this "Freedom Perpetuated." It particularly behooves the Eclectic profession, the "mother of medical freedom," to ponder over this question: "What will

be the consequence if we tamely submit to this imposition?" The answer is self evident. It will establish a precedent for other health officials to follow, by and by more inventions and discoveries will be manufactured, mainly and maybe exclusively from the same source. These remedies will likewise, and with as much vigor, be forced upon the public and practitioners, of course, always under the guise of public necessity. But, whether or not you may consider this of sufficient importance to notice, it is my desire to go on record, it must be alone, as one who will steadfastly oppose any attempt to curtail our constitutional privilege of using our own judgment as to what medicine, method or means, we may choose to treat disease, and I am so thoroughly convinced of the harmful and poisonous character of this diphtheria serum that I will never again employ it even though I may be hanged for it.

My friends! let no one think that this statement is prompted by a desire for notoriety. Indeed, such I abhor, but our pioneers of civil and medical freedom have so fascinated me with their ideas, that you can consider my true sentiments to be the same as that of the immortal Patrick Henry.

Just a word as to the ways and means the Chicago government employs to prevent contagious diseases, including diphtheria. I am compelled to state that while the people of Chicago are exceptionally clean, the city government is the dirtiest, most unsanitary, of any in America. Many times during each year the greater part of the dwellings are flooded with sewage in their basements, which is due to a defective sewerage system. Health officials and others are very active to prevent the contamination of the "blue stocking districts" from any cause, but are careless, sleepy and incompetent to do the same in sections where the common people and the poor live. Indeed, here the city departments join private malefactors to convert entire sections of the city into bacilli, vermin-reeking and stinking infernal hells, by means of the unspeakable dirty custom of filling up streets, clay holes and other excavations with the city's refuse and garbage, by which they spread assorted bacteria broadcast, creating breeding spots for insects, reptiles, bacteria, disease and pestilence. At the same time the "Official Moses of Health and of Curative and Preventative Medicine" is all the time proclaiming his wisdom from the pulpit and through the press, and advises the people by all available means to get "fresh air," and keep the flies out, to be clean, etc. Again I say, maybe he only means the favorites, who live in affluence, otherwise he would surely comprehend that such advice to those who live on garbage-filled streets, and around city-made cesspools, is biting irony, and by them considered an absolute humbug. Behold! the incredible spectacle of the second city in America, first employing great energy to widely distribute bacteria, and afterwards squandering large sums of money in the foolish attempt to find and destroy these bacilli for which they keep public breeding spots.

For the sake of the sick children, who are pestered by these interfering parasite-hunting medicos, I hope it will dawn upon powerful health commissioners everywhere that the best way to prevent disease and destroy

bacteria is by cleanliness; because it is the basis of sanitation and preventative medicine, and is much more effectual when actually practiced by a city government than the official talking-custom. I furthermore hope that the Lord Almighty will continue to protect us from pestilence in spite of the manifest incompetency of our bacteria-hunting maniacs.

Again, I hope that the lamentable failure of the serum to save our children from the clutches of death from diphtheria will cause a desire on the part of doctors of all description to look out for a better and more effectual remedy, if not in their heads then in their hearts, which can be found in hypodermic lobelia. It is really astonishing with what pitiable confidence health officials in general rely on the serum treatment in the face of the unmistakable evidence of failure presented by the great mortality rates; persisting in advocating a large consumption of this serum, and with what asinine and stubborn contempt they look upon all suggestions of therapeutic improvements which do not come from the "powers that be," in spite of the self-evident necessity for such improvements. I am confident that hypodermic lobelia will bring this improvement about.

This medicine when given alone, without any other treatment, will cut the present mortality at least in half; and, if supported by skillful management, with other indicated medicines, hydrotherapy, etc., it will wipe it out entirely. This, I should think, is something worth while for any doctor to investigate, even though the arguments of smooth salesmen are missing, supported, alas, only by the honest pleadings of a plain doctor. Since the objection to the local irritation has been removed and disposed of by the "sage of pharmacy," John Uri Lloyd, it seems to me no rational argument is possible against its employment.

Lobelia possesses none of the objectionable features of the serum and has in my hands conquered the "würch engel" entirely. This being the case, I will stand by the specific indication of hypodermic lobelia in diphtheria, and further, in any acute conditions where the throat is affected.

The next most important indication is disorders of circulation, especially the cerebral, no matter whether toxemia be present or not. Likewise, it makes no difference whether there is fever or not; sthenia or asthenia. In shock, collapse, insolation, it acts wonderfully well. In formative stages of acute diseases, a liberal exhibition of the medicine will often entirely abort the disease. In collapse and the asthenic type of heat stroke, it is well to add another indicated medicine. A suitable adjuvant, lest we forget, disorders of innervation and respiration are pronounced indications for the medicine. To prevent congestion, engorgement and the consequent conditions, and, if already existing, to cause resolution, it is therefore an ideal agent to remember in pneumonia and other congestive diseases.

As is apparent, these indications may be found in most any disease or disorder, which is likewise true of many other medicines; and it is not strange, when we consider that the pathology of all diseases is similarly uniform and is that of inflammation.

This leads us to a discussion of its action, and I would like it under-

stood that I am speaking of the action of the "specific medicine lobelia," the various "specific tinctures" of the drug, and "Lloyd's non-alcoholic lobelia." The latter I have for some time entirely substituted for the former, for the reason that it is practically non-irritating and painless, and that it is otherwise very much like the specific medicine and gives the same results. I am therefore impelled to recommend this preparation as a standard for hypodermic purposes.

The action of lobelia is peculiar and has defied my endeavors to find a suitable term in text-books wherewith an intelligent definition could be made. Strictly speaking, it cannot be classed as a stimulant, a sedative, hypnotic, sudorific, etc., yet at the same time it will act in any capacity which may be required in the several diseased conditions. As near as I am able to describe it, I would say that it is a powerful restorative to the centers of innervation, circulation, and respiration; or better, a remarkable restorative of vitality, with a tonic effect upon all the organs of the system. It causes stimulation, sedation and the various other actions just to a beneficial degree, and therefore may be considered as the one medicine which naturally aids Nature in its efforts of repair.

The unmistakable antidotal action in toxemias, especially diphtheritic, is probably purely a physiological one, based upon the principle of *vires vitales sustinete*. Of course, I conclude and hope that through a general investigation of the subject more knowledge will be obtained, and I very much desire that the good work thus far accomplished by the various investigators, especially that of the Kentucky Therapeutic League, will be continued until there remains not a shadow of a doubt about the action of this most valuable drug.

At this time allow me to call your attention to the necessity for instituting inquiries about the hypodermic actions of many other of our specific medicines. Besides lobelia, I am certain of the valuable and beneficial action of specific geranium hypodermically, which is merely that of its well-known astringent and hemostatic properties greatly enhanced. I intended to read a paper on the subject at our last State meeting, but was prevented from attending the same.

In conclusion, a few words to the general profession. Those of you who sincerely believe in the benefits and curative value of serum antitoxin, if it must be, then in God's name use it; at the same time let me appeal to you, in the name of the "Grand Army" of little ones who have and will die under this treatment, to remember lobelia as a substitute for this serum, whenever by force of circumstances you become wavering in your convictions regarding the curative properties of the serum. Those who apparently and by their own statement are convinced of the uselessness and the poisonous and dangerous properties of the serum, and still administer the same, evidently to save their own skin more than that of their patient, I advise to forthwith procure a supply of assogoatine. The discoverer of this serum claims that it materially strengthens the backbone, and is, it seems to me, a desirable course of treatment to undergo on the part of these physicians. For further

information regarding this new serum, you may inquire at the office of the A. J. of C. M., as I read the article in one of their publications.

My friends, I have as little respect for shirkers of professional responsibility as I have for macromaniacs, no matter in what station found. There is to-day as much necessity for inflexibility of character of our members as there was at the inception of our fraternity, that our members should be the possessors of a strong backbone. The impregnable fortress of our forefathers rested on the solid foundation that they would under no consideration employ a medicine or a method when once convinced of its harmful character. On this they won out, and on account of their invincibility and fearlessness others of like character rallied to their standard, and thus enabled an Eclectic fraternity to come into and remain in existence. The impossibility of this occurrence is apparent if they had continued the practice of venesection while advising others not to use it.

Those who are convinced of the uselessness and dangers of serum therapy, and abstain from its use, I hail as comrades. Let our motto be, "No compromise regarding the treatment of our patients," and ultimate victory is assured. Human nature instinctively shrinks from all suggestions to mingle bacteria and animal blood with its own, and will never cease to prefer vegetable medicines to those prepared from the beast. Time and again history has proven this, and I predict that it will repeat itself. Finally, let me state that the most important point to remember in the lobelia treatment is to give it in generous doses, and often repeated if required. So to speak, keep the patient under the influence of the drug. The dose I would give as varying from ten drops for a small infant to ninety minims for the adult.

DISCUSSION.

J. E. G. WADDINGTON (Detroit): Perhaps some are not using hypodermic lobelia. The first that was made was four times the strength of the present preparation. That caused abscesses, and it was withdrawn. Then Lloyd put up a tincture without oil or alcohol. I have used over an ounce and a half of it, and it causes no more irritation than a hypodermic of anything else you are in the habit of using.

F. L. WILMETH (Lincoln, Neb.): I am not a specialist in diseases of children, but I am associated with one, and he frequently uses antitoxin. He has always done so very reluctantly. He tried to use other things, but was not successful. When this suggestion of the use of lobelia came out, endorsed by clinical reports, he hailed it with delight, and I assure you that we used this as soon as we had occasion, and the only harmful result we found giving hypodermics three to four hours apart (it did not produce nausea and vomiting, like internal remedies often do), was the production of surface abscesses, so we did not continue its use. In the few instances we did use it (five or six, I think, possibly ten, at the very outside), we did not get as good results as we expected. Probably we did not use it right. I would be glad to join in the endorsement of this treatment, but, unfortunately, I am not able to do so.

In three of the cases I refer to we had to again resort to antitoxin. While my experience has been very small, I give it to you for what benefit it may be.

ALLEN G. ROWE (Buffalo): There is another therapeutic measure suggested—lobelia. I would say, as nearly as I can judge, its use hypodermic-

ally favors metabolic action. Its physiological possibilities are enhanced, and the metabolic effects are enhanced, when given hypodermically, and the effects ought to be, and are, more rapid. I have given lobelia in clonic spasm, or in cases of epilepsy, in half-teaspoonful doses, with satisfactory results. That is the only time I have used it hypodermically.

H. H. BLANKMEYER (Texas): I have not had a chance to try lobelia, because I have not had a case of diphtheria all winter. I went home last year very much enthused by the paper by the author of this one, but I have hardly used lobelia. I have, however, used it in convulsions. I have used as high as four doses, a syringeful at a dose, with apparently good results in asthma; I have used it in heart failure with good results.

I went home last year with the impression that it would stop bleeding (I don't know where I got it). I tried it in one case where I could not stop the bleeding in fifteen hours, and the lobelia stopped it in five minutes.

I am glad that Prof. Lloyd has a preparation that can be injected without a burning sensation. I generally experience that trouble in giving it to a patient. I have a friend who uses it in enemas with happiest results.

W. J. POLLOCK (Chicago): I believe we are going to use lobelia. We must use it for certain specific conditions the same as we use lobelia internally. I believe it is a powerful stimulant, but I don't believe it is a diphtheritic antitoxin, and I believe the results we get from it in any of the cases the doctor has spoken of are the results we should get from the exhibition of lobelia for the conditions existing. We must meet *conditions,* whether they present in a case of diphtheria or anything else.

W. N. RAMEY (Lincoln, Neb.): This seems to be an experience meeting on the use of lobelia, and while I have not had any experience in its use in diphtheria, last year, after hearing Dr. Jentzsch's paper, we resolved we would try it as a stimulant, and now my partner uses it very freely whenever a stimulant is needed following an anesthetic. Using it that way, by watching our patients closely and noting results, we believe that we not only get a marked stimulation by the use of the drug, but we minimize the vomiting following the use of chloroform. I think it has been said before tonight that a strong place for the use of this remedy is as a stimulant. I have in mind a case of hemorrhage where death seemed to be unavoidable and lobelia was used. He rallied, as a result of this stimulation of the heart. That is the thought I wish to add to this discussion, that following an anesthetic of chloroform, where we use a stimulant, it seems to minimize the amount of nausea.

DR. JENTZSCH (closing remarks): I wish you to understand that I am not speaking from the standpoint of the physician who has never used the serum antitoxin or knows nothing about it. As a graduate I went from school into practice. I was as enthusiastic a user of antitoxin as they could turn out, as the health officers could wish, or even a manufacturer of the serum. But I found that in my practice it did not give the results promised. I was told that the serum treatment was the only one to be depended upon, and the consequence was that I lost between seven and ten cases of diphtheria in a winter's practice. At the end of the winter my own son took sick with diphtheria, and I used antitoxin and frequently enough, but still the patient sank and sank, like the others had, and I knew positively that he was doomed to die. At that time I was at my wits' end, and I thought of Scudder's advice to give lobelia as a stimulant. I prepared a hypodermic, and the results were marvelous. In a few moments the patient went into a deep sleep. That was the starting of my lobelia experiments. I did not believe at the time that lobelia would prove to be successful in every case, consequently I continued to use the antitoxin serum in a dozen or fifteen cases, but I soon

found that the lobelia was much more to be depended upon, and consequently I have since abandoned the serum treatment altogether.

In the last year I have treated some thirty-five cases, and out of them fully half were of a malignant type, and not a single patient died.

Another experience I want to cite in comparison. I was called one night to a patient treated by the serum treatment. The patient was dying when I came, consequently I could not do much. But this family consisted of six or eight children; they were poor, and I thought they needed the care and observance of a physician. Therefore I told them I would report their condition to the health office, and they would care for the family. There were no diphtheria symptoms in any of the other children. The officer gave them all antitoxin for preventive purposes. Three more of the children got the disease. That made four cases in that one family, and out of the four three died. That was the percentage of the serum treatment in that one instance, and that is but one incident of several of that character you can read of in the reports of the department.

As to the value of lobelia, there are quite a few reports scattered throughout the medical journals where very favorable results were obtained, and these reports confirm my observations in their entirety.

HEREDITY IN TUBERCULOSIS.

THOMAS OWINGS, M.D., HINCKLEY, ILL.

The percentage of cases in which heredity in tuberculosis is traceable cannot with any degree of accuracy be obtained. Every physician has observed, and the laity sees, that in a greater or lesser number of tubercular subjects there is a family tendency in one or both branches of the family history. We are beginning to believe that all cases, whether burdened with the hereditary taint or acquired by other causes, can, under suitable conditions, other things being favorable, stand a reasonable chance of recovery if proper treatment is begun in time. The hereditary factor, we believe, in any case renders the treatment more difficult and the recovery more uncertain.

Statistics on the following features are not obtainable at this time, but, reasoning *a priori,* all must agree that the hereditary factor is not only the greatest obstacle in the ultimate conquering of the malady, but that it will continue to be so for a long time to come.

We reason that an hereditary case once cured can still transmit the tendency, weakness or diathesis, or by whatever term known, to future generations; and further, that if the future generations be themselves in turn cured, the tendency of transmission will gradually lessen and eventually disappear. Again, we reason that tuberculosis contracted by an individual in whom there is no hereditary taint, other things being equal, will more readily respond to treatment, and stand a better chance of recovery than where one is burdened by a family history of transmitted constitutional weakness for this particular disease.

Autopsies show traces of the disease where the affliction was never known to have been, cures having taken place without treatment, the individual never suspecting that he was affected; in which cases credit for recovery

must be given to the recuperative forces of the body alone, no known therapeutic measures having been given. From such cases we do not believe there will be found a transmission of the disease in any sense. However, authorities differ. It is a mooted question. All admit something is transmitted. Be that as it may, for present consideration it matters not. The same methods and means must be employed to eliminate heredity, be it transmitted directly or indirectly. To stop transmission is to stop heredity. To stop heredity is to put tuberculosis as completely under control as vaccination controls smallpox, and I predict that it never will be controlled until the transmission is controlled.

You may continue the sanitaria and tent colonies, etc., which are all good as far as they go, but so long as the unfortunate victims of tuberculosis are permitted to produce their kind, just so long will we have our myriads of consumptives, and there will be small chance of decrease in the death rate. With all our improved facilities at hand, we succeed in curing tubercular patients, yet we do not at present deprive them of the power of transmitting it. They are not cured for all time, nor rendered immune. With amazing disregard, tubercular subjects continue to "multiply and replenish the earth"—continue the crime of bringing frail beings into existence, who are doomed to suffer the pangs of this dread scourge in the bloom of life. They are as frail barks set adrift upon a treacherous sea, with naught but unavoidable destruction before them.

How shall we stop its inheritance? Stop the marriage of tubercular men and women? Impossible! The number of children possibly would be somewhat less, but we would have an increase in illegitimate births, and they tubercular. It appears that the general conclusion is, that the problem must be solved, the battle fought out, along the pure air line. If tubercular subjects are thus cured, and their descendants in turn cured, and so on, until the tendency of transmission disappears (which there is reason to think it will), we will then have eliminated heredity. The greatest obstacle will have been surmounted, the great white plague will have been placed as completely under control as malaria, yellow fever, or smallpox. On the other hand, if the curing of tubercular subjects from generation to generation does not lessen the transmission, then heredity is not prevented, and there is small hope of doing so.

Referring again to the mode of transmission, it has been found by some investigators that the disease is occasionally transmitted directly—that is, the bacilli are conveyed from parent to child during the period of gestation. Tubercle bacilli have been found in the glandular organs of the fetus. It is generally considered to be rare, and not the rule. The universal understanding is that a diathesis is all that is transmitted.

We are conscious, then, that there is a great work to do. Rooted for centuries in a great mass of the people, transmitted from parent to offspring, from generation to generation, from nation to nation, it will baffle our combined efforts for ages, I fear, unless our energies are exerted in the right direction.

There is need of greater interest in propagating the human race. Man has long shown more interest in producing a better variety of grain, or in breeding blooded stock, than in improving his own offspring. The one is too often controlled by a pecuniary craving—a craze for wealth—the other is under no control, no rule, no guide, but is left to uncertainty, guesswork and chance, swayed by ungoverned passion, guided by lust. But in spite of our errors and our faults, good work is being done. Great interest is being manifested among all classes. Tent colonies, sanatoria, lectures, addresses, magazine articles, stereopticon views, laws against spitting, laws of sanitation, etc—any thing or means by which public attention can be gained or instruction conveyed—are being used to aid in its suppression. Institutions are being founded for its investigation, fortunes are being bequeathed, and governments are appropriating means to the same end. Surely, with such interest aroused, there will come a better day, when the white scourge will have lost its dread, and consumption will hold for us no terror.

DISCUSSION.

Z. L. BALDWIN (Niles, Mich.): It is interesting to know that statistics obtained represent, approximately, ¼ of 1 per cent., as shown by autopsy, are due to heredity. The question of heredity is a very interesting one from a psychological standpoint. In getting the history of some 200 cases, little less than half of these show heredity. Less than 25 per cent. can show any cause of infection, but we do know that many a family passes it on down three and four generations. We also know that the power of imitation is so great that they will imitate their own cases. The history of cases shows that elimination is very, very poor. The urine will be less than half what it should be, so you can see what a small amount of oxygen these people take. These patients are all small consumers of fats. When the child is very young it is taught by the parents (who do not care for fat) to eat very little fat; soon the child does not like it, and will not eat it. From from these points we get the imitation of the child.

O. C. BAIRD (Kansas): This is a question which has come up before the society many, many times. If heredity is the main cause, how far back are we going to go? If there is tuberculosis in my father's family, say five generations back, how are you going to regulate that? Am I not to marry, for fear of heredity? I believe it is not so much that we inherit tuberculosis as it is that we inherit tendencies and tastes which incline us to weak resistance of the disease. I believe it is the duty of the parents, when a child is born with such tendencies, to change its habits of life. This, I believe, will do more good than all the legislation in the world.

DR. MICHENER (Kansas): I am particularly interested in this subject, because some time ago I acquired this difficulty myself. I went as low in weight as ninety-six pounds at one time. I have recently given quite a lot of study to the subject, and am trying to learn all I can about it for my personal good, as is perfectly natural. In investigating the subject I find that the great majority of people are able to give a tubercular reaction. The tissues are weak, and I believe Dr. Baldwin has touched the keynote of the whole difficulty. I have taught my people that tuberculosis is a stomach disease—that is, if they treat their stomachs right, no matter how much they may inherit the disease, they will have proceeded a long step in the right direction. In treating my cases I have always advocated good strengthening foods and pure air.

Logan, of San Francisco, used to say, "Take any one, no matter how strong, and feed him on sour bread, and he will go into consumption." Proper amounts of fats, milk, etc., will in time wear the disease away. Laws preventing us from marrying *might* be a good thing—I would not say they are not—but we can't prevent these things by legislation. Another thing which does a great deal of good, both among doctors and the laity, is newspaper scares. They have a wonderful psychological effect, and often result in great good, especially when they teach the need of pure air, sanitatation, etc.

G W. THOMPSON (New York): I think the most of physicians believe the theory of heredity, if not of the disease itself, then of the tendencies toward it. It strikes me that with the reports that physicians have to make to the local boards in relation to tuberculosis, that a great deal more might be done if, when a child is born into a family with a tubercular history, the board should see to it that the parents are instructed in the care of the child and the necessity for a change of conditions, to prevent its developing the disease. The greater percentage of tuberculosis makes its appearance around the age of seventeen to twenty-five, and investigation will show that in almost every instance the surroundings are either similar to the surroundings of the parents, or even worse, and, having the inherent weakness, tuberculosis would naturally follow. If the parents were instructed in the necessity for changing the conditions of the child, or if the neighborhood take hold of it and see that the child had a change of climatic conditions, at least during the severe winter weather and during the heat of summer, much of the weakness would be overcome, and the vitality would be raised so that the disease would be combated. This, I believe, would do more than anything else to stamp out tuberculosis and to prevent so-called "inherited tuberculosis," and we would find that tuberculosis would gradually disappear.

We know how many calls are being made in thickly settled localities to stamp out the disease, but little is done to help the child of tubercular parents. In most cases the parents or grandparents have died of tuberculosis. An entire generation may escape, and if the next generation settles in a locality where climatic and sanitary conditions are similar to those of the grandparents, the disease will again be manifest.

To illustrate my point: My parents on my father's side lived in Ireland, and almost all died of tuberculosis. Those who came to this country and settled in the West, lived to grow up; and even those who have died, died of some other trouble than tuberculosis. It simply shows that when the disease once starts in one family it may be stamped out for generations where conditions are good, to again make its appearance if the family move into poor surroundings.

DR. MULHOLLAND (Pennsylvania): It is no use for me to repeat to you what you all know about the tubercle bacilli. I will say that consumption is purely a house, a factory or mill disease. I have had cases from the mines that had to leave on account of asthma. I had a case of a man fourteen years out of the mines, who, when he had asthma, still coughed up coal dirt. I am satisfied that treatment is never going to do much for that. Our children will have to be sent to the country in the summer. Our city homes are probably all right in the winter—may even be better than the country—but in the summer it is no place for a child. If you will send the children into the country in the summer and get better factory laws, you will have less consumption.

DR. SHEARS (Boston): Just a word regarding the life of the bacilli. Demonstration shows that it is a chemical impossibility for it to live in air. Recently (in the Washington Congress, I think it was) it was said that con-

sumption entered the blood, and that the only way a child could be infected is through the theory of osmosis absorption. I think a child born of a tubercular mother is not more apt to have the disease than any other. Tuberculosis is not inherited, and there are more ways than one of infection.

Mrs. Anna G. Kaufman (Goshen, Ind.): I wish to second what has been said in regard to its not being an inherited disease, and in speaking of legislation would say that it seems to me if we could legislate along different lines, compelling the parents to change the habits of the child's life, we would do more good. For instance, in the last three months I was called to see a mother dying of consumption. She had a young child, a year or a year and a half old. The history of the child was that it had been healthy when born, but at that time it looked delicate. I cautioned her about handling the child, kissing it, etc. While I was with her the child came to her for something to eat. She prepared its food of bread and milk, and put it on the stove to heat. When she thought it was done she tasted it, and, finding it all right, fed the child with the same sppon she had put into her own mouth. I cautioned her about that, telling her how almost impossible it would be for her to do such things as that and not spread her disease to the child. The next time I visited her I saw her doing the same thing. The mother is now dead, and the child is fast going the same way. Now, I think that mother was criminally neglectful, and if we could have a good, sensible body to compel parents to give proper attention to their children, we would do more good than we do by legislation against people with tubercular history marrying.

J. E. G. Waddington (Detroit): I do not believe that tuberculosis is inherited. We are all born to die of something—if not tuberculosis, then something else. If, when a child is born of tubercular parents, it is placed in proper surroundings and raised under proper conditions, it will not develop tuberculosis, and it is our duty to instruct parents how to deal with their children. It is almost impossible to find a mother who will not taste her baby's milk.

C. M. Brown: It occurs to me that it is conditions that we have to deal with more than theory. It matters little to me after I am born if I had a tubercular mother or not; and it matters little after one has the disease whether he inherited it or acquired it. If you make a tubercular mother take care of her child properly, you are "going some." She is often too sick to care what happens—lying down part of the time, up a little while to do something that *must* be done, but hardly able to do anything for her child. You have got to change the conditions in which that child lives, you have got to remove the child from the mother, you can't legislate against conditions. The most of them are povery-stricken. They cannot afford to live where they can have outdoor air and plenty of room. Let those who wish to legislate send a trained nurse into every home where a mother is dying. Let the State take care of these little children before the mother dies, for it will have it to do after she dies anyway, and they may as well prevent the child from getting the disease. It is generally admitted that the greatest source of infection is through the lungs. It is inhalation more than anything else that causes the spread of the disease. There is more danger from inhalation than from food. You only feed three or four times a day, while you breathe every minute you live—fifteen to twenty times a minute.

Dr. Gordon (Indiana): I do not believe in inherited tuberculosis. As Dr. Brown has said, it is more a matter of infection by inhalation. The conditions of tuberculosis depend upon a weakened vital force. If we raise the vital forces we destroy the tissue upon which the bacillus lives, and it dies. I think that the time will come when the American people will learn

that tuberculosis is not something that we take from the outside, irrespective of ourselves or our habits, but that it is something developed inside our own bodies when the laws of nature are disobeyed and we lower the vital forces.

Thomas Owings (closing remarks): I have very little more to say. You have heard several methods suggested as to the means of conveying tuberculosis into the body. One has it through the stomach, one through the lungs, one through the blood, and, having so many opinions, I have come to the conclusion that no one knows. I do not believe any one ever contracts it from drinking milk from tuberculous cows. I believe in every community there are conditions and surroundings comparing with those of another community. I believe statistics show that there is hardly one cow in twelve that does not have tubercular germs, but we have all been using milk all our lives, and we have not all developed consumption.

RUPTURE OF THE UTERUS DURING LABOR—CAUSES, SYMPTOMS, DIAGNOSIS AND TREATMENT.

James Moran, M.D., New York, N. Y.

Rupture of the uterus during a difficult or prolonged labor has not been thoroughly understood until recently, and even now many of the general practitioners have only a slight knowledge of this most serious accident, because the symptoms are so obscure in many cases that it is difficult to detect the difference between an incomplete and a complete rupture of the uterus and cases of collapse due to concealed hemorrhage, etc.

The chief causes of rupture of the uterus are: Pelvic deformity; malpresentations of child; hydrocephalus; degeneration of the uterus; cicatrices from previous labors or operations on the uterus; attempt at version after the waters have escaped, while the uterus is firmly contracted; tumors and adhesions; dragging the child forcibly past tumors in the pelvis; also adherent placenta, in the removal of which the fingers are sometimes passed through the uterine wall. Rupture occurs more frequently in a deformed pelvis than in malpresentations of the child. In many cases the cervix is torn and also the vault of the vagina, and the tear may extend into the broad ligament. When the woman has had previous difficult labors, with probable serious injury to the uterine wall, there is danger of rupture, and the physician should take every precaution to prevent such an accident.

VARIETIES OF RUPTURES.

They are usually divided into complete and incomplete. Rupture without tear of the peritoneum is called incomplete, and is less dangerous, for peritonitis is less likely to arise. Rupture with tear of the peritoneum is called complete, and is more dangerous. It is, however, more easy to diagnose, for a part or the whole of the fetus protrudes, and is readily felt through the abdominal wall. The physician should always determine which variety of rupture he has to deal with, because the treatment is entirely different in each case.

As to the frequency of the two kinds, statistics show that complete rup-

ture is more frequently met with than incomplete. Braun had 14 incomplete and 15 complete. Merz's recorded cases are 40 incomplete and 181 complete; Ivanoff, 43 incomplete and 58 complete. Kerr had 4 incomplete and 10 cases of complete. The Glasgow Maternity Hospital records show that there was an average of about one rupture to every 783 cases. Many of these cases were brought to the hospital after rupture had occurred. Anufrieff reports 18 in 4,000. Bandl reports one in 1,200.

There are a number of cases of rupture recorded in which the mucous membrane of the uterus is not torn, but the muscular wall of the uterus is badly torn. In these cases we will have all the signs of collapse from internal hemorrhage, and no tear to be found in the uterus or vagina.

PREMONITORY SYMPTOMS OF RUPTURE.

(1) Where the second stage is prolonged and the uterine contractions continue strong, with severe pains, particularly over the lower part of the uterus. (2) Uterine contractions showing signs of becoming more and more tetanic. (3) Pulse getting rapid, with sometimes a rise of temperature. (4) Bandl's ring gradually rising higher and higher; it can be readily felt like a hard, round ridge encircling the uterus; sometimes this ring extends nearly up to the umbilicus. When these conditions are present the uterus may rupture at any moment without further warning.

To attempt delivery by either forceps or version in these conditions would be exceedingly dangerous. Before this stage is reached, the patient should be put under chloroform or ether. If the head presents, apply the forceps. If breech presentation, bring down one or both legs. This applies to cases of normal pelves.

In cases of deformed pelves, if the child is alive, a Cæsarean section will be necessary in order to save its life. In cases where the pelves are not too much deformed, and the child is dead, perforation is necessary to deliver.

SYMPTOMS OF UTERINE RUPTURE.

The symptoms vary, and depend on the extent of the rupture and whether or not there are any large blood-vessels torn; also the condition of the patient at the time of the occurrence.

As a rule, if the rupture is a large one, or complete, the symptoms are very marked, that is: Collapse from loss of blood, pain and shock; pallor of the face; cold extremities; gasping for breath and asking for more air, and cold, clammy perspiration, with cessation of all uterine contractions. But in cases of disease of the uterus, or where there has been a Cæsarean section performed, or the uterine wall is very thin from a previous placenta previa, the symptoms of rupture may be so slight as to be unobserved by the attending physician, because the tear is so gradual that it gives very little pain, and the loss of blood is also gradual, and the protruding part of the child may act as a tampon in controlling the flow of blood. However, if we watch the pulse in the increase in frequency, and the gradual distension and increased tenderness in the abdomen, a careful examination

will show that the child has partially or completely escaped through the rent.

Sometimes the rupture is not recognized until after the birth of the child. Occasionally it is very difficult to distinguish between rupture of the uterus and other conditions, particularly if the patient is in collapse when the physician sees her for the first time. Accidental hemorrhage during labor may cause complete collapse, with a discharge of blood from the vagina, simulating uterine rupture. In a large number of cases the diagnosis is not made until after the birth of the child, because the prominent symptoms of rupture have not been present.

It is a common belief that the hemorrhage following rupture is severe; such is not the case. In the majority of cases it is very slight. Ivanoff, in his series of 134 cases, had only 53 in which the hemorrhage proved fatal, and in about 25 of these the hemorrhage occurred many hours after the accident. The amount of blood coming from the vagina is not a sufficient guide to determine the amount of hemorrhage, because the greater part may be escaping from the rent into the peritoneal cavity. Sometimes there is a small amount of blood lost, owing to the fact that there are no large blood-vessels torn. Statistics show that, as a rule, rupture of the uterus is not followed by severe hemorrhage, and that the prevailing opinion among physicians, of profuse bleeding, is erroneous.

Eversmann states that only in about 12 to 15 per cent. of cases does the blood come from ruptured uterine vessels. Experience teaches that the hemorrhage comes slowly but steadily, with a gradual increase of pulse, restlessness of patient, abdominal pain, and symptoms of collapse becoming more and more pronounced.

TREATMENT.

In cases of rupture, where the child is not delivered and the head is presenting, we should use the forceps and deliver if possible. If it is a breech presentation, draw down one or both legs, and deliver slowly, for fear of increasing the tear. In cases of deformed pelvis, where the child cannot be extracted, and it is dead, we must resort to perforation or evisceration. Where the pelvis is very much deformed, Cæsarean section is the proper method to adopt.

The difficult cases to manage are those where thet child has partially or wholly escaped through the rent. The head is usually the part that is forced through the rupture, and is acting there as a plug or tampon, and in this way helps to control the flow of blood. If it is possible, the child should be delivered through the vagina—that is, where there is a normal pelvis—because by delivering the child through the abdomen there is great danger of infecting all the tissues through which the child passes, as the surface of the wound and the peritoneum can hardly escape being soiled by the vernix caseosa and meconium. But when the shoulders of the child or the entire body has escaped through the rent, the abdominal route must be selected for delivery

TREATMENT OF RUPTURED UTERUS.

After the child and placenta have been delivered, the abdomen cleaned out, and bleeding controlled, the operator will have to decide whether it would be better to sew up the rent and close the abdomen, or whether he shall remove the uterus and cervix in the interest of the patient, to prevent a repetition of such a serious accident. If he decides on the latter course, the cavity should be packed with iodoform gauze, the end of which should extend out through the vagina. This packing may remain in from three to five days. A tube may be inserted with the gauze to assist drainage.

Many authors prefer complete removal of the uterus and cervix, then packing the pelvis with iodoform gauze. This method offers less danger of infection from a cervix and uterus that have been manipulated.

Cases of rupture requiring major operations should be sent to the hospital when possible, or placed under the care of an experienced operator.

IRITIS.

J. P. Harbert, M.D., Bellefontaine, O.

I wish to report some cases of iritis which recently came under my care.

Case one was traumatic in origin, the injury having been caused by a corn blade striking the cornea and cutting a deep gash in the same. The case was neglected for several days after the injury, and when the patient was finally brought for treatment there was a deep infected ulcer of the cornea, iritis with hypopion, and a contracted, sluggish, irregular pupil. In this case no treatment was of any avail, and the sight was lost.

The second case was likewise traumatic in origin, and, like the former, was neglected for two weeks from the date of injury. At the time the case presented itself the corneal wound had healed, but there was a severe iritis, which ran a course, with relapses and exacerbations, of ten weeks. The case recovered with fairly good vision, the pupil being partly covered with exudates.

Early treatment of all such cases is absolutely necessary, and these patients should be advised to consult a specialist at once. In such cases as the above, the eye should at once be thoroughly cleansed with a lukewarm boric acid solution, and atropine instilled of sufficient strength and frequency to secure and maintain full dilation of the pupil. Aconite and rhus tox. should be given internally.

A third case was also caused by an injury, a small piece of steel having penetrated the cornea and lodged on the anterior surface of the iris near the periphery. The original wound healed at once and remained quiescent for fifteen years. The foreign body at last set up an iritis of moderate severity. An incision was made near the circumference of the cornea, a small magnet applied and the steel removed. Recovery took place at once, and a useful eye was preserved. This case was one of exceptional interest on account of the long time elapsing between the original injury and the iri-

tis which at last developed. Good treatment would have prompted the removal of the foreign body at the time of the accident.

A fourth case was syphilitic in origin. This case was almost entirely free from pain, though the inflammation was severe. The pupil, which had been well dilated, became almost entirely filled with a yellowish vascular nodule springing from the pupillary border of the iris. This exudate became entirely absorbed, and normal vision was regained.

Syphilitic iritis does not cause much pain. Relapses are not so common as in other forms, and the prognosis is favorable. The treatment in this case was atropine locally and potassium iodide internally.

DIAGNOSIS AND TREATMENT OF HYSTERIA .

W. B. Church, M.D., Cincinnati, O.

The unique character of hysteria is the manifold, wholly unrelated phases presented in different cases. Many physicians take the convulsive phase, or hysterical fit, as the chief, if not the only, manifestation; and when they have, by any favorite method or remedy, brought the patient out of her fit, they regard the case cured, for a time at least, and give it no further thought. Since this phase is nearly always seen in women, there is a very general impression that hysteria is a disease peculiar to women. This error is perpetuated in our text-books; but the fact is, some phases are more common in males. If the real extent to which hysteria is related to the ills of the flesh was fully comprehended, there would be no lack of interest concerning it, and its importance from a therapeutic standpoint would be much more fully appreciated.

The treatment of any disease must depend largely upon a comprehension of its real nature. Such a basis for therapeutics in hysteria has been conspicuously wanting. We owe to French investigators our latest and best information. That nation has led the world in research concerning all problems connected with the mind and nervous system. A French writer of note defines hysteria as, "A form of mental depression, characterized by the retraction of the field of personal consciousness, and a tendency to dissociation and emancipation of the system of ideas and functions that constitute personality." This is not a fortuitous jumble of words and phrases, signifying nothing. If carefully studied, and the full significance of each word at length ascertained, the bewildering phenomena of hysteria can all be comprehended under it and made to appear as a synthetic whole. The phase of hysteria known as somnambulism will serve best to illustrate these unstable conditions of consciousness and personality. It frequently serves for a newspaper item, appearing under some such heading as, "A Strange Case of Loss of Memory." Then follows a story that, without any apparent motive or cause, the subject of it suddenly lost all consciousness of his identity and environment, forgot his own name, and all that related to his previous life. While thus in eclipse, as it were, he un-

dertook a considerable journey, and began a new life, conforming in some way to new conditions and relations, perhaps choosing his previous occupation, but maybe something quite different, involving the necessity of learning again all that he had known. Eventually, either suddenly or gradually, after some months or years, the veil is lifted, memory of his former life and true identity emerges and takes control. The interloper, the usurper of the seat of consciousness and volition, is routed—annihilated, indeed, beyond recall. He now goes back to his family, but is strangely unable to give any account of himself in answer to very natural inquiries. If his absence has covered a long period, he is amazed at changes which confront him, and so compelled to accept statements that were at first scouted.

I select here a single newspaper clipping of recent date:

"Galveston, Texas, April 10.—The mystery surrounding the patient at the City Hospital, suffering from lost memory, has been partially cleared by the discovery that he is Captain Albert Whitehall, an oil expert and owner of several big oil wells in Texas and Louisiana. His home is in Cincinnati, and it is learned that he left there for Mexico three weeks ago. How he got to Galveston is not known, and he is unable to tell or even recognize his name when called. The police believe he was doped and robbed, for he was known to carry large sums of money. When found here in Galveston, he was without baggage or anything to disclose his identity. He is about fifty years of age and a widower without family."

In nearly every community one or more individuals are known as sleepwalkers. They learn to provide against accidents liable to befall them in their involuntary excursions, as they often execute hazardous feats of climbing they would be incapable of in the normal state. I have in mind a commercial traveller who carried a rope in his suit case, and tied himself to the bed at night, to insure interruption of his attacks of somnambulism.

While such lapses are most frequent in sleep, as consciousness is thus suspended, they often come on when awake, a more or less sudden separation from all that has hitherto characterized him as an individual. The predisposing condition is the unstable state of the nervous system we are considering, which disturbs the psychological functions of consciousness and personality. This slight tenure by which consciousness of one's environment, and of everything which distinguishes him from the mass, is readily severed, is the essential element of hysteria.

Recognition of the basal cause enables us to solve many of the mysteries of the malady which have long baffled investigation and explanation. It explains why the disease has no pathological anatomy and no post-mortem findings. It accounts for the extreme impressionability and suggestibility which characterize its victims. It affords plausible explanation of even the amnesias, the anesthesias and paralyses, the contractures, disturbances of special senses, and anomalies of secretion, excretion and nutrition.

In all attempts to comprehend the real nature of this disease, therefore, we must keep in mind the precarious hold its victims have on consciousness. All recognize, in a general way, the unhappy consequences of loss of per-

sonal consciousness. When a person, telling us of a critical period or situation, says, "For some time I did not know where I was or what I was doing," he uses strong language to indicate extreme disturbance. If we reflect for a moment on what the effect would be on us, to suffer even partial loss of consciousness, with more or less doubt of our own personality or identity, we will begin to appreciate the deplorable state of hysteria, and the extent to which the strange disease interferes with all normal functions and processes. For instance, narrowing of the field of consciousness may, and often does, so limit knowledge of one's self and environment, that he is unable to locate or realize the position of his limbs. So when an arm or leg is put in any position by an attendant, it is left where it has been placed. This is often seen in hypnotism or artificial somnambulism. The same retraction of consciousness involves loss of muscular sense. The combined effect of the loss of the sense of position, or relation of the limb to his organism and loss of muscular sense, leaves him without power even to try to move it. It is then in a state of hysterical paralysis, which may continue indefinitely. Nutrition may be impaired, and atrophy and distortion result from long disuse, but the motor and sensory nerve tracts are not obstructed as in organic paralysis, and at any time the appropriate stimuli or shock may rouse him from his state of mental depression, when the field of consciousness is extended to include the limb and its proper relations. Whereupon there is almost immediate restoration of function. This accounts for many miracles of ancient and modern times.

Consciousness has been already mentioned as a psychological function. It is the most far-reaching and important result of the process of evolution, by which man has developed a brain that places him in a class by himself, far above all other animals. The consequences of total loss of consciousness are so appalling and so marked they are universally recognized and appreciated. Comparatively few realize what it means to have their fiedl of influence retracted and narrowed. This condition is the special characteristic of hysteria.

The hereditary tendency to disease is an important factor in general misery. Not inheritance of disease itself, but tendency to it by reason of certain constitutional peculiarities. It is clear from what precedes that the tendency to hysteria is caused by the transmission of a type of mind that is emotional, and maintains a feeble state of consciousness. There are all degrees of this peculiar mental state, ranging all the way from absent-mindedness to profound catalepsy and somnambulism. Some of the phenomena of hysteria can be produced artificially. This has often been observed of hysteric fits. Hypnotism is but artificial somnambulism. We cannot be allowed time to apply the same elementary cause to all the other accidents of hysteria, as we have to devote remaining space to the subject of treatment. Not to recognize this disease, and not to treat it at all, is bad enough. But it is far worse to mistake its character and apply wrong and unnecessary treatment. Not a few surgeons have operated for phantom tumors and done tenotomies for hysterical contractures. The extensive

neurectomies advised for spasmodic torticollis seem to me equally ill-advised. Wry-neck is often due to hysteria, and such cases do not require mutilating operations.

Regarding treatment of hysteria, I have only to say that most cases may be radically cured; the great majority much benefited, with a remaining remnant for whom we must entertain a gloomy prognosis.

Mrs. W., a young married woman of good family, a farmer's daughter, still living with her parents because unable to care for a home of her own, had been bedridden over two years; complained of anorexia, pain in spine, and inability to stand. Sleep fitful, and far below normal needs. She had been treated by a number of physicians with negative results. On my first visit, I recognized the nature of her affliction, and assured her of a speedy cure. She took a languid interest in the assurance; said she had been promised the same thing many times by many other doctors. The problem in this and all similar cases is the same: To increase physical and mental energy and activity. Both depend on improved nutrition of the whole organism. These functions we desire to increase are periodical. Their exercise or expenditure induce fatigue, which calls for repose in sleep. We must therefore secure two things for this patient: Improved nutrition and sufficient normal sleep. Fulfil these two indications, and her recovery will be so rapid and complete that suspicion will be created among her relatives and friends that there could have been but little the matter, and she will rest thereafter under a stigma of disordered imagination, or some delusion not creditable to her good sense, to which she has yielded too readily. The anorexia is peculiar, she is not conscious of the call for food or hunger; she fails to associate her weakness and languor with the natural means of relief. Left to herself, she may refuse food to the extent of actual starvation.

We begin treatment by ordering food brought and fed to her regularly in increasing portions. We will give only milk or buttermilk the first week, and soon a sufficient quantity to aggregate three or four quarts a day. Don't inquire if she wants it, or will take it, just feed it to her, patiently and persistently. The second week she will be placed on a generous diet of wholesome food in variety. She is likely inclined to eat well now of her own accord. In connection with this dietary regimen, we note the many plain indications for energizing the motor and vasomotor centers of the spinal cord. For this purpose we apply the Scotch douche to the spine, if there is pain or tenderness on pressure. If there is no complaint of pain or tenderness, the cold percussion douche only at 65° F., is used up and down the spine for about ten seconds; then dry and massage the back and limbs for twenty minutes or longer. Massage prolongs and intensifies the effect of the douche, and has all the beneficial effects of exercise. Of course, if there exists rectal, vesical or urethral irritation, it should be relieved by topical applications. The insomnia will rarely require special treatment, as sleep is quite likely to ensue after active nutrition is established. In connection with massage, institute passive and active motion of limbs, and within a week, or two at farthest, put her on her feet, and a person on either side to prevent her from falling. She will not show up satisfactorily the first time, but try her again in the afternoon, and the improvement shown at each attempt will be astonishing, and in an incredibly short time she will not only exhibit every symptom of returning health and vigor, but will be able to take long walks and resume normal activity in every way. This was the treatment and result in Mrs. W.'s case. She is now the

mother of a girl baby, mistress of her own home, enjoys excellent health, and, if environment and hygienic conditions continue favorable, may never have a return of hysteria in any form.

Miss M., aged nineteen years, is another patient, reported to illustrate effect of same treatment, although symptoms were quite different. One leg is completely paralyzed. Had been using crutches for two years when I first saw her. Was eating next to nothing. Had been going to a large city for treatment, at frequent intervals, for two years, involving a trip on trolley cars, with an attendant, of twenty-five miles and return. Was requested to meet her city physician in consultation before taking charge of the case. He frankly stated her trouble to be major hysteria. That the only treatment he had advised was the administration of bromide of strontia, which he thought should be continued, saying "you know the prognosis in these cases is unfavorable." Under treatment, substantially as outlined above, she laid aside her crutches in two weeks, having no further use for them. There remained, however, other troubles which necessitated taking her to the hospital, and removing the right ovary, which was found to be tuberculous. After this her condition became good. Outdoor life and exercise was advised. She learned to ride her bicycle, and frequently made trips on it of several miles in the country.

Miss S., living in the same town, became a victim of hallucinations and delusions, with alternating convulsions and active violent delirium. The family were greatly distressed, and were contemplating taking her to the Kalamazoo Asylum. She recovered completely under this general treatment with no sequelæ.

Only one more case is cited: Miss M., resident of an interior city of this State (Ohio). She had been employed in a large department store, as an expert in fitting ladies' coats. Was ambitious, strenuous, of a nervous-bilious temperament. She resisted strenuously all indications of overwork and the necessity for rest. Became quite nervous, slept poorly, but persisted in keeping her place, until matters were brought to a crisis by the development of severe torticollis. Her head was turned to the right until her chin rested over the right shoulder, and the sterno-cleido-mastoid of the left side of the neck stood out hard and rigid like a bar of iron. For several months different physicians attended her, one applying electricity, another advising operation. She got no relief, and was obliged to apply her hands to her head, and swing it forcibly in front, to enable her to walk across the room. Marked "globus hystericus" afforded the chief clue to the nature of the contracture when I saw her, and, knowing that severe contractures are among the most persistent of all the accidents of hysteria, I did not promise immediate relief, and warned them also of the liability of a relapse. There was considerable relief afforded by the treatment, sooner than I expected; but she did not consider herself well until she had been under treatment five months. It would have been grave malpractice in this case to have done a cutting operation.

The limits of a society paper are already exceeded I fear. They have not permitted to even mention many other phases of this unique nervous disease. The general nature of it, however, being understood, so as to make recognition of it easy, it will be found that treatment as above advised will apply to all form and varieties. I have said nothing about hypnotism or suggestion in the treatment, since such treatment can do at the best nothing more than transfer one manifestation of it to another. Such treatment is really injurious, and precisely the same as would be an attempt to

cure the convulsive form, or fits, by throwing the patient into another, and another fit, the tendency being always increased by repetition. This baneful effect of hypnotism has been often noticed, and has led to the advice that only experts and physicians should hypnotize. Eventually it will transpire that it is injurious whoever induces it, and its use as a therapeutic agent will be abandoned as magnetism has been.

Attempting to cover so large a field in a single paper must leave much important matter without consideration. With a desire, in closing, to relieve in some degree this sense of incompleteness, it is especially enjoined to be ever on the lookout for stigmata of hysteria, when confronted with many grave forms of disease. This applies to cases of prolonged sleep, to persistent refusal to take food, often carried to actual starvation if not interrupted by forced feeding. Hysterical melancholia is often attended with just as extreme depression, mental and moral anguish, and uncontrollable impulses to suicide and homicide, apparently, as characterize real melancholia. The mistake of placing these unfortunates in a mad house is too often made. The case of torticollis reported was treated by good physicians, one at least advising surgery, without suspicion of its real nature. The character, intelligence and refinement of the victim, gave an impression quite different from that often associated with hysteria, no fits convulsive, or of laughing, crying, hiccoughing, etc., but there was a continuous complaint of extreme nervousness, and especially of an annoying large and hard lump in her throat—the *globus hystericus*.

ECZEMA: ITS PATHOLOGY, DIAGNOSIS AND TREATMENT.

Frank J. Nifer, M.D., South Bend, Ind.

There has been much confusion in the past in the defining and describing of the different forms of eczema, owing to over-elaboration. If, however, the facts educed by pathological anatomy are clearly understood, a clear understanding may be obtained.

It appears in the form of an eruption of small vesicles on various parts of the skin, which are closely set or crowded together, so that the bases coalesce and form a single patch of larger or smaller size.

Eczema, then, is a form of inflammation of the skin, with vascular engorgement due to cell-infiltration and exudation, and is characterized by heat, redness, pruritus and thickening of the parts affected.

The *erythematous* is the prototype of the various forms of the complaint, and is manifest in almost all the early stages. In this form the surface of the skin is evenly reddened and thickened. If the peculiar inflammation continues, small vesicles appear and presently break, forming crusts. The itching sometimes becomes intense, almost beyond the power of endurance. We have thus *papular eczema*.

When the infiltration is severe, serous exudation takes place from the vessels of the papilla. This is *vesicular eczema*. When the exudation

from any cause carries with it lymphoid cells or pus, the complaint is *pustular* eczema. These four forms—the erythematous, papular, vesicular and pustular—may be regarded as the primary forms of eczema. Either form may exist alone, or the various forms may be combined.

In the secondary stage the eczema becomes scaly, and is termed *eczema squamosum*. Sometimes there is a form denominated *eczema rimosum*, characterized by fissures, which are due to the inelasticity of the skin, and which appears at the joints and angles of the mouth. Another form is *eczema rubrum*, which follows the erythematous variety, and is the result of excessive inflammatory action, and probably of the patient's own action in scratching off the epidermis, thus leaving a raw surface. This is doubtless, therefore, a condition rather than a form of the disease, and may result from any of the other forms, though it comes more frequently from the vesicular and pustular forms.

These peculiar forms of the primary lesion soon disappear. The epithelial layer is unable to resist the disintegrating effect of the secretions, and is soon scratched off. The crusts of eczema rubrum are yellow, gummy, uneven, and frequently dark-colored. They are composed of the liquid cells of the mucous layer. This accounts for the peculiar "stickiness" of the eczematous exudation, the constituents of which are serum and epithelium. Another variety of crusts are dark green, and formed from pus. They have an inflamed, superficially ulcerated and reddened basis, from which the affection derives its name of *eczema impetigoides*.

When the face is affected by this form of the complaint, the vesicles often take a peculiar mode of distribution from above the eyes, running down on each side of the nose, and it is called by the old writers impetigo figurata.

The tendency of eczema is to become chronic. Exacerbations and relapses are frequent. The affected skin frequently undergoes profound changes, particularly that of the face and extremities. Long-continued attacks of the disease induce a thickened, infiltrated, inelastic, squamous condition of the skin, and fissures. The intensity of the morbid process in many cases is greatest upon the palmar surface of the hand. In other cases the entire hand is involved. It is necessary to study each form or phase by itself in detail, as well as their chief classical features.

Acute eczema is the rapid and marked appearance of the eruption. Eczema, however, is rarely acute in the manner of some other skin diseases, as, for example, the exanthemata or erythemata. However quickly it may come, it is slow to disappear. There are cases, nevertheless, in which the duration of the attack is short. It is more correct, therefore, I apprehend, to speak of the complaint as acute and chronic.

As there is an exudation from the surface in some instances, some writers have improperly denominated it a catarrhal inflammation. The hypersecretion of a mucous membrane bears no resemblance to the so-called secretion of eczema. This exudation is the result of the breaking-down of the cells of the rete mucosum. But the increased activity of the

gland, with the hyperemia of the mucous membrane, is a process radically different. There are cases, however, of eczema in which there is no exudation at any stage of the disorder.

CLASSIFIED FORMS AND SYMPTOMS.

Eczema simplex commences with an itching sensation, after which appear numerous small, transparent vesicles, flattened and closely set together. Sometimes the itching becomes intense. In course of time the transparent fluid in the vesicles becomes opaque. They finally break, and a small scab is formed, which soon falls off; after which the process is repeated. The eruption appears most frequently in places where the skin is thin and delicate, as upon the forearm, in the groin and between the fingers, where it somewhat resembles itch.

Erythematous eczema begins as an erythema, usually in the form of a macule or patches with a diffused redness, variable as to the shades of color, size and outline. These are found most commonly in the axillæ, upon the neck, face or genitalia. They begin about the size of a pale line, itching and burning. The patches may at first appear insignificant in dimension, but they enlarge from time to time and become redder in color, while the skin thickens and the surface sometimes becomes slightly scaly. The surface in some places is dry, and in others excoriated, exuding moisture, and is covered with a thin film of dried epidermis, or thin adherent squamæ. The disease changes in form from time to time, being sometimes paler and less marked than at others. Its course is variable in intensity and duration. It will disappear and reappear at irregular intervals. This form may remain erythematous in character, or it may merge into some other form of the complaint. When the eruption appears in any region of the body where two surfaces come in contact, as upon the nates or mammæ, it is known as *eczema intertrigo* or *eczema mucosum,* and excoriated conditions then exist, and moisure exudes from the surface.

Eczema vesiculosum begins usually in ill-defined red patches, accompanied by intense itching and burning, and followed soon by the appearing of numerous small, irregular or closely-grouped, often confluent, vesicles, from the size of a pin point to that of a mustard seed. When the epidermis is thick the eruption may be mistaken for the papular form. Frequently it is necessary to examine a patch in an oblique light in order to outline the lesion accurately. There is usually much swelling, which in some cases is so great as to entitle the complaint to the name of eczema edematosum. Intense itching, burning and heat produce much suffering, which is relieved in a degree by the rupturing of the vesicles. Indeed, in this form of the disease the vesicles are more ephemeral than in any of the others.

The course of the disease exhibits considerable variation. In some cases the eruption appears promptly, crusts are formed from the exudation, and the disorder seems to go away. There may be relapses, but this does not always follow. A smaller or larger extent of the surface may be involved, as the case may be. The eruption more frequently makes its ap-

pearance on the face, neck and trunk, particularly upon the flexor surfaces or near the joints of the upper extremities. If it becomes chronic, it frequently enlarges into the infiltrated form.

Eczema impetiginodes, or *pustular eczema,* is that form in which the inflammatory action is very marked, the skin swollen and the vesicles large. The fluid soon ceases to be transparent, and becomes purulent. After they rupture, a dark-green scab is formed over a red and excoriated surface. The term "pustular" should be confined to those cases in which the pustules develop upon inflamed surfaces as the initial lesion. Writers have occasioned much confusion by applying the term without discriminating from eczema rubrum, where the surface is covered by a purulent crust. The pustules are large and more resistant than the vesicles, but the patches are varying in size, and grouped in a discrete or confluent form. Usually there is a copious secretion of pus, and the crusts are rapidly replaced. This variety of the disease appears frequently about the face and scalp, especially in young persons and infants that are ill-nourished, strumous, or in a depressed condition of health. It is not attended with as much itching and distressing local symptoms as are the vesicular and papular forms of the complaint.

Eczema papulosum is characterized by the appearing of small, round and flat papules of different shades of color, according to the temperament and condition of the individual. They may be deep bluish, dark-red or light-red color, and scattered over the flexor surface of the arms and thighs, but rarely on the face and hands. The predominant feature is the papules. Occasionally, however, there are more or less perfect vesicles in connection with them. Sometimes numerous infiltrated patches are formed by the papules joining together. In many cases there will be no hyperemia between the papules. This form of eczema is very obstinate and persistent, exacerbations and relapses being a common feature. It may last for weeks and even months. The itching is generally severe and persistent, and patients scratch themselves so incessantly and to such an extent as to produce excoriations and blood-crusts. This both aggravates and prolongs the disease. The chronic form of this complaint is often complicated with small abscesses. It is frequently witnessed in persons beyond the age of twenty-five or thirty years, of intemperate habits, addicted to rich food and irregular modes of living; also in persons of a lithemic diathesis, those who have led "fast" lives, and those exposed to cold.

Eczema rimosum is a term applied to the erythematous, papular, pustular or scaly varieties, when fissures occur. This takes place where the skin is subjected to the greatest amount of friction, and it follows the surface lines and furrows of the skin. The most common form is "chapped hands." When the fissures appear about the face, mouth, ears, joints or arms, it is very distressing. The secondary forms need a separate description.

Eczema rubrum may result from any primary form which has continued to the oozing stage. First, the vesicles may be observed as small solid

points, which soon become true vesicles of about the size of pinheads and disappear about the sixth or eighth day. In some cases the vesicles coalesce and rupture, producing repeated incrustations. When, however, eczema rubrum is the signal of erythematous eczema, there is an inflammatory oozing and red surface of infiltrated and tense skin, covered more or less with sero-purulent crusts. These are sometimes filled with blood, and vary in color from a greenish brown to a yellowish green. The epithelium forms the basal layer of the raw surface. The exudation depends in part upon the amount of friction to which the denuded surfaces are subjected, and is more or less intermittent. The crusts may be often replaced by others, or the old ones may remain several days without change. In some cases, as upon the faces of children in particular, the exudation lifts the superficial layer of the epidermis in large flakes, and is composed of epidermic cells and sero-pus. This form of the affection usually appears upon very young children and elderly persons. It is of a chronic character and very intractable. If it is on the leg it is complicated with varicose veins, which, indeed, are sometimes the exciting cause of *eczema varicosum*. This is a complaint frequently manifesting itself about the feet and legs, and is described by French writers as *hypertrophic lichen*. The papular growths are due to hypertrophy of the papillæ and epidermis. Frequently it is attended by ulceration.

Eczema squamosum is really the declining stage of the primary forms of the disease. It is known from the fact that in many cases the desquamation continues without there being any further metamorphosis. It usually is characterized by a hard, dry, red or yellow-red infiltrated and desquamating surface. Its appearance, however, is not uniform in all cases. Not infrequently there will be one or more patches about the legs in persons over thirty years of age, as a result of some primary form of the disorder. They are likewise found upon elderly persons; and if they are chronic, and have existed for months or years, they are liable to frequent exacerbations and remissions. The scales may be small and branny, or flakes of varied size. The age, condition of health, habits, occupation and surroundings of the individual have an important bearing upon the disease.

Chronic eczema results from acute forms of the complaint. It may continue months and years. In these cases the skin becomes deeply fissured about the joints, excoriated and greatly inflamed. The continued ichorous secretion irritates the surfaces around, and extends the area of the diseased parts. It forms thin crusts, or is agglutinated to the clothing whenever coming in contact with it. When the crusts chance to be rubbed off, there is much smarting and pain, with sometimes a flow of blood from the affected parts. When the crusts are thus detached the surface is reddened, soft and swollen. In other cases, where there is less exudation, the skin, from being inflamed and dry, becomes fissured and covered by light crusts. The itching in some forms of the complaint is intense, and more distressing than pain. Although the patient struggles against it, he finds it impossible to abstain from scratching. This aggravates the trouble and increases the

suffering. In the course of time, however, the itching begins to abate, the skin becomes less inflamed, the exudation gradually lessens, and the squamous incrustations dry and fall off. The skin very slowly returns to the natural condition.

The eczema peculiar to babes and young children is a very common disorder and very intractable. It is generally of the vesicular, pustular or papular form; and if it becomes chronic, it may proceed to the squamous, and continue for months, years, or even throughout life. Not infrequently small squamous patches of seborrhea of the scalp are converted by assiduous washing and friction into forms of eczema, which may spread over the face and neck, even involving other parts of the body. Itching spots occur on the face and are spread by scratching. In some cases the affection begins about the trunk, from some local cause that may not be known, and later it may extend to the head or face; then to the axilla, forearms, back of the hands, etc. The buttocks and pudendal region are liable to be involved. In young children, general eczema is rare. Dr. Unna distinguished several forms as follows: The *nervous eczema* of dentition, also called *nursing* and *teething rash,* a tuberculous eczema, and a *seborrheal eczema.* To these should be added the eczema caused by *gastrointestinal disorders* and malassimilation. Children suffer from this as the result of insufficient nutrition; food improperly prepared, or of nursing a sickly mother, or feeding upon milk from a cow not in health or properly fed. The complaint is generally accompanied by emaciation and debility. The disorder is likely to be spread, and the itching in many cases is persistent.

ETIOLOGY.

Eczema is the most common of all cutaneous disorders. The principal causes are local irritation and peculiar constitutional conditions. These are often supplemented by an inherited condition. In many cases, however, this cause cannot be adduced, but local irritation is the sole cause. The complaint is found in all classes of society and in individuals of all ages. Individuals of light complexion appear to be more subject to it than those of the opposite type. There are periods of longer or shorter time between attacks, but the liability to recurrence continues throughout life. The condition, though well known clinically, is hard to define, or even to determine. The skin is in a peculiar state, which, under the acquired conditions, favor the development of the disease. Heat, cold and changes of the seasons appear often to be the cause. Chemical irritants also play their part, such as croton oil, acids, alkalines, tartar emetic, mercurials, iodoform, etc.

PATHOLOGY.

The first manifestation in eczema is the external hyperemia. There is swelling of the papillary and mucous layer of the cutis. Nevertheless, the changes which take place in the skin are somewhat difficult to explain. The disease may be mild or intense, of short or long duration. The hyperemia and inflammation present is in accord to the energy and duration of the attack. The rete mucosum is infiltrated and edematous. In the erythem-

atous form the blood-vessels of the papilla are dilated, and there is exudation and congestion, as well as increased activity. In papular eczema, the process is primarily limited to the follicles. In the vesicular variety there occurs exudation in the upper strata of the corium and in the rete mucosum, which comes from the vesicles. The papular elevation is due to the exudation, and is confined to small circumscribed areas. These vesicles contain a clear liquid compound of rete cells, a little fat and mucus, and later, of pus corpuscles. In the pustular variety the process is much more severe and the multiplication of cells are increased. In *chronic* eczema the infiltration involves the deeper parts of the corium and the subcutaneous tissues, and sometimes, in addition to the formation of new connective tissue, gives rise to thickening of the parts. The papillæ are enlarged and at times are considerably hypertrophied, as is exemplified in the so-called varicose eczema. The exudation and cell-infiltration is marked, especially along the blood vessels. In squamous eczema the blood-vessels of the corium and papillæ are dilated. The pathologic process seems to have its starting point in the capillaries and papillary layers of the skin, but the origin and nature of the disease is by no means easy to determine.

DIAGNOSIS.

We are to bear in mind that eczema manifests itself in a multiplicity of forms, the clinical appearances of which are so similar as many times to baffle the skill of the expert diagnostician. No other disease exhibits so many types except syphilis. There are varied degrees of redness and infiltration of the skin. Eczema may be differentiated from the itch by the flatness of the vesicles, they being grouped together while those of the itch are isolated and pointed. It is sometimes difficult to diagnosticate chronic eczema from lichen. The presence of the papillæ near the red inflamed surface adds to the difficulty.

PROGNOSIS.

The prognosis, under favorable circumstances, is usually favorable. In regard, however, to the length of time for a cure, it should be guarded. All depends upon the removing of the exciting cause. Sometimes a cure is impossible.

TREATMENT.

Nutrition.—The nutrition of the body is to be sustained. This is accomplished by beginning at once with *good food* in moderate amount, to be well digested and properly distributed by good fresh water systematically taken at proper times, one hour before meals and two hours after meals, as tissues will be destroyed, both by the ravages of disease and performing their function; therefore, *nutrition is important.*

Elimination.—As fast as waste products appear they should disappear by the natural channels or the emunctories; therefore, the systematic use of good fresh water performs two important duties; first, carrying food to its destination, and second, as a flushing agent, carrying away the worn-out and broken-down tissues which have performed their function.

Diet.—Avoid fish, oysters, clams, lobsters, crabs, fresh, salt and preserved meats, or meats of any kind; strawberries, unripe vegetables, especially potatoes and fruits, raw tomatoes; anything fried; tea, coffee, tobacco, gum chewing, eggs, pie, cake, and fresh bread are prohibited. I have tested these on my own person and found them detrimental

Diet Allowed.—Baked or steamed potatoes, ripe fruits and vegetables, except small-seeded fruits cooked, as that deprives them of that covering around the seed and makes them very hard and sharp; fruit juices, unfermented.

Hydrotherapy.—Steam baths, with salt rub, then spray; repeat the steam bath three or four times; a cold plunge after each steam bath, remaining in the steam or bath room until the patient perspires freely. Drink plenty of fresh cold water. Repeat this treatment one to three times a week. Also immerse the affected part in quite warm water, increasing the temperature of the water, as the patient can comfortably remain in it from twenty to thirty minutes once or twice daily. *Use caution where heart disease exists.*

Physiotherapy.—Prof. Otto Juettner, in his work on "Modern Physiotherapy," says: "In many cases of chronic eczema, especially the vesicular variety, the X-rays produce a cure. In nearly all cases they relieve itching and lessen or stop the discharge. Treatments with moderately soft tubes for three to five minutes every other day. Distance: Five to ten inches. Locally: The high frequency current seems to be better adapted than the X-rays. *Therapeutically,* the high frequency current represents the most valuable agent in the treatment of skin disease. They are indicated in all cases of malnutrition of the skin, especially the dry form of eczema. In fact, in all disorders of the cuticle requiring stimulation of the circulation and of the functional activity of the skin they render good service."

Light Therapy.—"Light has a regenerating and germ-killing effect, and likewise a strong affinity for oxygen. Its presence would, therefore, rather tend to enhance the action of the chemical rays. The principal thing to do is to get rid of the heat rays." *Physiological action of the chemical light:* "A beam of the concentrated chemical light allowed to fall upon healthy skin will produce an erythema followed by much local irritation, dermatitis, molecular death and desquamation. The germ-killing power of the Finsen rays strike at the very essence of affliction. They stimulate healthy action by attracting oxygen to the part. Thus, the morbid tissues of the afflicted portion are disintegrated by the rays. In this way healthy reaction is set up, which tends towards restoration of the normal conditions. The consistent and persistent use of the Finsen lamp is indicated in all parasitic skin disease, lupus, sycosis, tinea, certain forms of chronic eczema (but does not designate what that form of eczema is) and disease of the hair follicles." Furnishes a field for clinical work.

Mechanotherapy, or mechanical vibration, will also find a place in the treatment, and is well to be considered, using the vibrator over the lymph-

atics, both sides of the neck from the back of the skull to the clavicle and the axilla. Upwards, beginning at the tips of fingers, following the course of the lymphatics to the axilla, then upwards to the clavicle. To insure and increase drainage of the lymphatics, moving slowly with moderate pressure. Vibration along each side of the vertebra, which stimulates the internal organs through the nerves.

In order that we may understand this part of the treatment, we must study the lymphatic system, as there is no part of the body that is of more importance in the maintenance of health than is the lymphatic system. Possibly there is no part that is so little understood in its relationship and the importance of which is so greatly underestimated. The older physiologists do not give a lucid or adequate idea of the important part which the lymphatic system plays in the functional activities of the human body. The statement, so generally made, that the blood leaves the heart by the arteries, returning through the veins, is only partially true; inasmuch as in the capillaries some of the blood plasma finds its way into the cells of the tissues, which nourishes it and repairs the tissue of the organ or organs, so as to enable it to perform its functions. The lymph fluid is collected and conveyed back into the blood by the lymphatic vessels. They commence in a series of lymph capillaries in the tissues and organs of the body and terminate in two large trunks which open in larger veins near the heart, the thoracic duct on the left and the lymphatic trunk on the right. The lymph which they contain, unlike the blood, passes in only one direction, from the smaller branches to the larger trunks and thence into the larger veins, where it loses its identity as a distinct fluid and becomes part of the constituents of the blood.

Medicinal Treatment.—My usual remedy for eczema is the compound syrup of stillingia. Especially so when the patients are children. It is easily administered. Small doses of sulphur are also to be given. The condition of the digestive apparatus should receive particular attention. For the broad, pasty pallid tongue give sodium sulphite. The alteratives should not be forgotten but diligently administered. Among these are potassium acetate, sp. phytolacca in glandular infection and enlargement, sp. iris, alnus and echinacea. In weak, feeble heart, cactus and cratægus. Pallid and flabby tongue, sp. nux vomica, the Howes acid solution of iron, tr. chloride of iron, sp. berberis. The bowels should act at least once daily; if they do not, give Rochelle salts or cascara sagrada or some mild laxative. The secretions of the kidney should be also looked after and urinary analysis made at least once every week or two in the chronic form. If the patient is a nursing child, the health of the mother or wet nurse should be looked after. If it is bottle-fed, then ascertain the source of the milk supply. The milk of the Jersey cow is the best. The cow should have clean water; the place where the milk is kept should be scrupulously clean; the bottle should be carefully cleansed and kept in boiled water with the addition of baking soda.

Local Treatment.—Cleanse the parts by spraying through a hard rubber atomizer peroxide of hydrogen with quite warm water; repeat several times.

If it produces too much smarting, dilute one-third or one-half with warm water. Use with a powder blower the following:

Sulphur (resublimed)	℥ ij
Salicylic acid (from wintergreen)	grs. 15
Menthol crystals	grs. 15
Eucalyptol crystals	grs. 10
Powdered gum camphor	grs. 10
Thymol crystals	grs. 10
Boracic acid, s. q.	℥ ij

Mix.

If the parts are dry and scaly use this in an ointment by using paraffin ointment, four ounces. This makes a very good dressing. If, however, it should produce too much smarting and prove to be too strong, dilute with the paraffin.

WHY I USE SPECIFIC MEDICINES.

JOHN FEARN, M.D., OAKLAND, CAL.

The question which heads this paper is one that is often put to the thousands who use these remedies, and personally I do not object to the question.

First, let me say my choice of these remedies is not on account of some thoughtless prejudice against other makers. Not at all. I have for years used the medicines made by Parke, Davis; W. S. Merrell, John Wyeth Bros., W. R. Warner and others with satisfaction to myself and with comfort to my patients. And yet, wherever I may be, at home or abroad, whenever I can get specific medicines, they are the medicines I want.

Almost from a boy, I have been engaged in preparing medicines, but from the crude processes common over forty years ago. You could never get the finer medicinal properties of our vegetable remedies by the use of heat in boiling and evaporating. The soul of the remedy was driven off and passed up the chimney. In the early seventies I settled in Ohio; the wealth of our vegetable remedies growing there delighted me. I almost immediately fell under the subtle influence of John M. Scudder, M.D. The fluid extracts of those days were about as poor a class of remedies as were ever used in medicine, full of dirt, and entirely unfit to accomplish the work for which they were designed. Scudder set himself to remedy this by tongue and pen. He taught physicians how to make and how to use specific medicines. I was an adept pupil and soon had, of my own make, specific medicines that would do the work they were intended to do. And as I tasted these remedies and nosed them and prescribed them, the results so surpassed anything I had ever seen that I was converted to them. That I might learn more on these lines, in the years 1876 and '77 I was in Cincinnati, where I met that wizard in pharmacy, John U. Lloyd. Scudder had done much for me, and now Lloyd carried me on further. In 1876 Lloyd led me into the mysteries of making specific medicines, not merely eight ounces to the pint, but sixteen ounces to the pint.

This was the dawn of specific medication. Specific aconite was just introduced, and it was in such demand that the supply, which was thought to be ample, was soon exhausted. More orders came in for specific aconite, and Lloyd wrote back and said, "We have none, and cannot supply until our next-year supply of the drug comes in." How easy it would have been to have said, "I have fluid extract of aconite rad. *just as good.*" But Lloyd was building his reputation on aconite, and a misstatement would have been fatal. I found in going in and out of that small establishment, and it was small in those days, there was one directing hand and brain attending to details, from the time the crude drug came in until the time the finished product went out. That hand and brain was possessed by John U. Lloyd. In 1907, thirty years after my first visit, I was there again, and what a change! Premises much enlarged, help increased, expensive pharmaceutical apparatus on every side, the three Lloyd brothers in their different departments working in harmony. But when it came to the finer and more delicate pharmaceutical manipulations, John U. Lloyd was still the master spirit, the guiding hand. And all through those thirty years I had been using these remedies. In connection with my practice I had a store where I dealt in physicians' supplies, and I found the doctors who bought these goods were satisfied with them. It is years since I have had any interest in the sale of drugs on the personal profit side, but in my practice I want them. I want them because I know specific medicines are true to name, and in these days of sophistication that is a great deal.

I want them because I know the quality is A1. You cannot take poor herbs, barks, seeds, etc., and by skillful manipulation make good medicines of them—at least you cannot make good specific medicines of them. Some have complained that they are high in price. So is everything else that is good. It has been well said, "You cannot make a silk purse out of a sow's ear;" nor yet "a tin whistle out of a sow's tail. So, to make the very best medicines you must have the very best crude material, and then use the greatest skill in their manipulation.

Some months ago I was in the dispensary of a well-known physician. He showed me a 5-pint bottle of fluid extract of echinacea. I looked at it and tasted it. So far as its cost was concerned, it was cheap; but where life was at stake, if you were dependent upon that echinacea it would be dear. In fact, I would not have it as a gift. Physicians should train their faculties so that they could test their drugs.

Another puts the question: "But would you not rather have the alkaloids than the specifics?" My answer is, "Certainly not." But you say they are so handy. I say: "Yes, they are handy to carry and handy to take. I have carried a bunch of them in my vest pocket for years, and they have done lots of good work. A few of them I use, and use frequently. But when I want to get the results of aconite, bryonia, gelsemium, strophanthus, etc., give me first, last and all the time specific medicines."

I place a bottle of quinine on the table. I set beside it a bundle of choice cinchona bark. Then I ask myself, "Does that quinine represent

the whole medicinal properties of that bark?" Then I take myself to the sick-room. Here is a poor sufferer with malarial fever and complications. I do my best with quinine. The patient gets worse. I then begin with specific medicine cinchona. The patient gets well. How is it? Evidently the bark carries some medical property besides the quinine. And this line of reasoning can be carried out with many of our plants. Do not think I am throwing stones at Abbott. I think too much of him, and use a good many of his specialties. In my judgment, he is one of the hardest working men on this continent, and deserves great credit. But I prefer specific medicines because they represent the whole plant, not a part of it. Get the proper indication, give the right dose, and then look for good results. I use specific medicines because with me they prove to be *the best, the cheapest and the most successful medicines.*

PNEUMONIA.

H. M. Waldron, M.D., Naugatuck, W. Va.

Every doctor knows that there is but one way of treating this disease, and he knows his way is the right way. I am not an exception to the rule. There are three or four axioms underlying medicine, the strict observance of which would eliminate about all the errors in the practice of medicine. In this instance I shall cite but one, namely: Nearly all but casual treatment is malpractice. Nearly all, because the use of anodynes is justified but rarely, and palliative treatment should be employed only in those cases that will necessarily terminate fatally. In the treatment of all diseases the prime object is the conservation of vital energy. In each case of sickness, whether the patient will recover will depend upon the amount of his vital reserve. Enough of vitality is all that makes recovery possible. The average layman does not know this. From that confidence in drugs which he has absorbed from all the medical past, he imparts a food quality to drugs, and believes that the right drug imparts vitality to the system. For instance, he takes the word "tonic", applied to a drug, seriously. Unfortunately, this supposition is not limited to the laity, for many doctors accept the tissue food fallacy as philosophy.

Many who have gotten beyond this still believe that drugs are directly friendly to the system, and that they cure by cossetting rather than by shock. Only food is friendly (homogeneous) to the organism, while drugs are reverse of this. The drug's natural antagonism to normal vital movements is all that justifies the use of drugs in sickness. Drugs cure by shock. Along with its general hostility to the animal organism each drug possesses a specific (hostile) affinity for a particular tissue or part. The acute drug student takes advantage of this fact, and uses that drug in a particular case which has a known affinity for the part affected. If it is in the circulatory system he will employ veratrum or aconite. Tissue, he will use echinacea. Glandular, he will use phytolacca, according to specific indications. If

it acts as indicated, it will assist nature and clean up the tangle. I treat Pneumonia (and all other diseases) differentially to the principles above enumerated. Right here I want to emphasize the fact that in the treatment of any disease it is immeasurably more important to know what not to do than it is to know (guess at) what to do.

First, never commence the treatment of pneumonia with a cathartic or even a laxative. From a close study of this feature by observation and comparison, which have run through forty years of the practice of medicine, I know that it is wrong to clean out the bowels of a pneumonia patient with a cathartic. If the bowels must be moved, use an injection. This will subtract almost nothing from the patient's vital sum, and it will not detract from the digestive and absorptive powers of the stomach and bowels, as the cathartic does. Can any one tell me what good is to be expected from this initial physic? It diminishes the chances of recovery at least 4 per cent. Do not apply any poultices or dough meal and bran. Think of imposing such a task on the weak muscles of a sick chld! Think of abstracting this much of life from the victim, young or old, of pneumonia! Is it not straight-out barbarism? If the physician does so, he has no system of practice. The treatment of pneumonia might be nearly summarized in the injunction: Let your patient recover. Avoid everything that wastes the patient's vitality, for in the sufficiency of this abides his only hope. It is nature who is doing the curing, and you are a very inconsequential understrapper in the case. Whether your patient has lobar or lobular pneumonia, it makes no difference. It is all inflammation of the various structures of the lungs. As to the drug treatment, I believe in all diseases we should drive at the primal lesion. That means we should use one medicine, as a rule, at a time. Shot-gun potions will not do in pneumonia. According to my own experience, a combination of veratrum, bryonia, echafolta and cactus should be the central drugs used in pneumonia. I usually lay over the chest a greased cloth sprinkled with capsicum and lobelia powder. I give cactus for the heart, never give any antipyretics for fever. They are cardiac depressants. I allow my patient to drink plenty of cold water, have good ventilation in his bedchamber, and as much light as I can have in the room.

CIRCUMCISION AS A CURE FOR APPARENT RHEUMATISM.

H. Markee, M.D., Blandinsville, Ill.

In presenting this subject to this able body of physicians, I do not claim any of the originality for the thought, but rather the observance and practice of thoughts gleaned from the able instructors of our alma mater.

While none of these advocated circumcision as a cure for rheumatism, they did advocate circumcision for that reflex nervous condition of boys with apparent hip-joint disease and white swelling with lameness, caused by the imprisoned smegma behind the corona glandis and beneath the elongated and adherent prepuce.

Frequently the doctor will be consulted and asked to prescribe medicine for a little boy who is very lame, with pain referred to the inner side of the knee, and which the parents have already diagnosed as rheumatism. They will say, "Doctor, our little boy has been having rheumatism, and it seems to be getting worse." Perhaps the child is so lame that he must be carried into the office. Sometimes the doctor will say, "Yes, that is a very bad case of rheumatism, and will begin to medicate the little patient with some one of the pet rheumatic remedies. But the treatment falls short, and the little patient still continues to suffer; whereas, if there was adherent foreskin, and the child had been circumcised, the lameness would have been cured within three days and the pain and suffering relieved.

I have demonstrated this several times without one failure, and in two cases the imprisoned smegma had undergone calcareous degeneration. Now when boys are brought to me with rheumatism (so-called), I view it with suspicion, and make a thorough examination of the genitals, and if there is adherent foreskin with imprisoned smegma, I circumcise the little man with perfect confidence that it will be curative without any medical treatment.

SPECIFIC GERANIUM, HYPODERMATIC.

From observations of the hypodermatic action of this medicine, I am led to believe that it can with justice be considered the therapeutic ligature, at least in so far as may be expected from any medicinal agent. I have found it the most powerful hemostatic at my command. It has given results when other well-known hemostatics failed, and I have employed the medicine in this way for two years, with no disappointment to record. Because it is a very reliable hemostatic when given otherwise, it occurred to me to give it hypodermically at a time when I had given up hope of saving a patient by other means.

Case I.—In August, 1907, Mrs. S. Ante- and postpartum hemorrhage due to complete placenta previa. The antepartum bleeding was controlled, I believe, just before proving fatal. I was the third doctor in attendance. However, the postpartum hemorrhage was of a kind which could be better called a profuse oozing. All methods, mechanical and therapeutic, failed, such as compression, astringent douches, therapeutic exhibition of adrenalin and other hemostatics, including large doses of geranium by mouth. In this case a one-drachm dose of geranium hypodermatic successfully stopped the hemorrhage in a few minutes.

Case II.—Boy, name C. D., aged four years. Purpura hemorrhagica. No marked impression obtained from other treatment, but the disease, a severe type, yielded rapidly to gtt, xv of geranium hypodermatically three times a day.

Case III.—Mother of this boy. Same history, complicated with dangerous menorrhagia, likewise successfully treated with this remedy.

Case IV.—Mr. H., aged forty-four. Severe hemoptysis. After other unsuccessful attempts to stop hemorrhage, received half-drachm doses with successs and complete recovery.

Case V.—Mr. G. Epistaxis treated unsuccessfully for two days with

other methods, including generous exhibition of adrenalin, was successfully cured on the third day by half-drachm injections of geranium.

These are the most notable cases selected for citation. Bear in mind, however, that my observations in this respect cover a much larger field, extending over a period of two years. From these experiments I conclude this to be of sufficient importance to impart the information to you, with a viewthat it may induce other inquisitive minds to take up the subject. Moreover, if it shall prove the means of saving a patient or two I shall be contented. I can assure you that both the medicine and method is harmless and safe. The only unpleasant feature about it is the local irritation produced by the alcohol. However, I have no doubt but that the reliable Prof. J. U. Lloyd will again come to the rescue and remove this objection.

The technique of administering the medicine is by deep hypodermatic injections of from ten drops to one-drachm doses, repeating if necessary. The indications are hemorrhagic conditions, either passive or active. How it acts, I leave to a discussion later, when additional data concerning it are at hand.

In conclusion, allow me to plead for a more extensive experimentation with a good many more of our specific medicines hypodermatically, for the purpose of ascertaining their actions when so given. I am confident that it will result in valuable additions to our knowledge of therapeutics. I am also inclined to think that the specific Galenical medicines given hypodermatically will successfully displace the objectionable animal serums, just as it has done before in other methods of administration, because it is more rational, and in no way repugnant to human sentiments.

SOME WINTER REMEDIES.

Aconite.—Equally a remedy for summer and winter disorders stands the circulatory sedative aconite. None will question its value in the beginning of febrile and inflammatory affections, in the absence of marked organic diseases of the heart. Used in proper doses and under proper conditions, we have never had reason to fear its reputed depressant action. Without question, it is one of the best and promptest agents in the inception of la grippe, common colds, acute pleurisy, tonsillitis, pharyngitis, acute pneumonia and bronchitis—provided the well-known indication is present to guide us in our selection, viz., the rapid, small pulse with increased temperature. When fever is primarily due to septicemia or to auto-intoxication and other self-infective causes, aconite is only relatively useful, but when accompanying the above-named disorders as ordinarily met, it is preeminently the sedative to be selected. In the later stages of these disorders it is less useful, but not without value. It may have a place in acute inflammatory rheumatism, an affection in which the heart is always in danger from the disease, but the dose must be minute. Even endocarditis is benefited by the minute dose of aconite, and acute rheumatism will sometimes fail to be ameliorated until the exhibition of aconite brings down the tem-

perature and quells the nervous exaltation. Especially is it of great value in the febrile affections of young children brought on by the exposure to snow, rain, and other unpleasant or inclement weather. A teaspoonful of a solution of specific aconite, gtt. iij to v in water ℥iv, given every one or two hours, is sufficient for most purposes.

Bryonia.—Bryonia is the foe to pain of the sharp, lancinating character, when involving the serous or fibro-serous structures. The wiry, irritable pulse is another guide to its selection. No remedy in the materia medica equals it in the early stage of pleurisy or pneumonia. If taken early, we confidently expect good results, even though the diseases are not aborted. It is a remedy of very great value in mastitis brought on by exposure to cold. Aconite, bryonia and phytolacca form a trinity that have not been excelled in that condition. For articular rheumatism with predominating involvement of the serous structures, it is an efficient aid to the special antirheumatics and sedatives. For short, hacking cough with little secretion, but more irritation, it proves a good remedy. With these troubles there may be a frontal headache, with pain deep in the orbit upon moving the eyeballs, and the patient is sluggish and indisposed to exertion. Such cases as those with tensive, tearing pain in the pleural region, are signally benefited by bryonia.

Lobelia.—Lobelia is the remedy for fullness of tissue, dullness of the sensibilities, and excessive secretions not easily removed. It is also a remedy of marked value when secretion is scanty, but doses just short of nausea are required for this effect. It is particularly valuable in bronchitis, broncho-pneumonia and pneumonia. Where a sense of heavy constriction is felt, lobelia will be found valuable. It is a prominent remedy in humoral asthma, in croup, and chronic catarrhal conditions. The blood current flows full and sluggishly, and secretions are either scant or excessive. Dyspnea is a marked indication for lobelia, and whooping-cough is often greatly benefited by it.

Asclepias.—Asclepias is a mild but efficient remedy for respiratory troubles and the exanthemata. It favors secretion and exerts its force upon the parts supplied by the bronchial arteries. The asclepias patient sweats easily, particularly during a paroxysm of coughing. In the cough of measles it proves stimulating and expectorant, and in pleural pain it relieves by relaxing the skin, thereby restoring the balance of secretions. Deep bronchial cough with difficulty in expectorating is the direct indication for asclepias. A dry, hot skin prevails most o fthe time in the asclepias patient, except for the tendency to sweat upon exertion.

Sanguinaria.—Once a great favorite, this remedy deserves more attention to-day than it receives in some quarters. For certain forms of cough it is unexcelled, and the cough in which it is most generally indicated occurs during the winter months. Irritation with cough, referable to the suprasternal notch, is the strong indication for sanguinaria—cough of a harsh or hacking character, extremely irritating and attended by but little secretion. The alkaloidal salt, sanguinarine nitrate, is valuable also in similar condi-

tions, with the additional symptom of a violaceous coloration of the tongue and mucous membrane. An effective form of administration is the following: ℞ Specific sanguinaria, 3j; vinegar, 3iij; simple syrup, q. s. ℥ij. Mix. Sig. One teaspoonful every two or three hours.

Jaborandi.—With hot, dry skin, full, bounding pulse, pulmonary engorgement and general excitation, jaborandi is a useful agent. It is best adapted to general colds and the incipient stages of pneumonia and acute rheumatism. It should be used until the pulse is softened and the cutaneous secretions are well established, but should not be carried to nausea. When the initial symptoms are overcome, other indicated remedies should be used until the cases are well.

Sodium Salicylate.—Unquestionably the oftenest indicated antirheumatic. The more the membranes and tongue approach a pallid or leaden hue, and the more tenacious the secretions, the more active the drug appears to be. It is the best single agent for acute articular rheumatism, and is of especial value in tonsillitis, both to allay the inflammation and to counteract the tendency to rheumatism as a sequel. The sick headache so frequently encountered in the winter from exposure to cold, is often relieved by it. Only the preparation prepared from true oil of wintergreen should be employed. The synthetic product may prove dangerously depressant to the heart.

Phytolacca.—Phytolacca is deserving of a prominent place among the winter remedies, and is to be selected where acute glandular enlargements are a dominant feature. The pallid tongue and membranes, and tendency of the tissues to softening and erosion, make this a clearly indicated drug. It will find a prominent place in aphthæ, glandular fever, mumps, and in swelling and inflammation of the cervical and submaxillary glands, when not due to tuberculosis, syphilis, or absorption of the products of malignant growths. It is a splendid agent in tonsillitis and acute rheumatism. In so-called chronic rheumatism (which may include a number of disorders), used according to the indications given, it will prove a useful winter remedy. Few agents are so nearly a specific as is phytolacca in acute mastitis from exposure to cold.

Euphrasia.—Euphrasia is a remedy for coryza and catarrhal affections of the mucous membranes of the eyelids and nose. It is oftenest indicated in the autumn and spring months, but may find a useful field in the winter during epidemics of la grippe. The dose should be small. The indications are profuse, acrid, watery and mucoid secretions from the eyes and nose, with heat and pain in the frontal sinuses. It is useful in cough, measles, conjunctivitis and acute nasal catarrh.

Rhus.—This agent, when selected according to its classic indications—sharp stroke of pulse, frontal headache, and long, pointed, red tongue, with prominent papillæ— is a useful cold season remedy. It is invaluable, when so indicated, in measles, scarlatina, rheumatism, profuse diarrhea and irritative cough.—H. W. Felter, M.D., in *Medical Gleaner.*

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
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In the early days of Eclecticism it was carried directly to the people. To them the fathers went with their message. To them they explained the principles of the new school. They told them why they were establishing a new system of medicine. They were not afraid to proclaim the faith that was in them, and the people responded to their call. The new system appealed to their reason and common, every-day sense. Whenever an attempt was made by the dominant school to destroy Eclecticism by adverse legislation, an appeal to the people resulted in favorable action toward our school. If a law adverse to the new school was passed by stealth, an appeal to the public was followed by its repeal. The early Eclectics took their neighbors into their confidence by explaining to them the advantages of their practice.

In recent years we have not done this, and as a result Eclecticism is not so familiar to the laity as it was in the days gone by. Many times our patrons ask the question: "What is an Eclectic? What is the difference between you and the old school?" The question is too complicated to answer offhand in a few words, and usually the enquirer goes away confused in his mind, having been unable to comprehend in the few words the knowledge he seeks.

I think we ought to begin now a crusade of education among the people and teach them again as of old. Let us show them the difference in our methods of practice and the results of our treatment. I think we ought to keep the question open and living before the people, so that they may know at all times just what Eclecticism stands for, what it accomplishes, and so they may be able to answer others intelligently concerning it. I think it would be a good plan to put in writing, in handy form, a brief, explaining the origin, establishment and tenets of the Eclectic school in medicine, together with the results that have been accomplished, the development of our materia medica, the difference in the practice of the two schools, and a comparison of results from treatment of both. Let it be for general dis-

tribution by our physicians among their patrons and others interested, who may wish to be informed about the subject. I believe the present is an opportune time to again take the people into our confidence in order to prevent the establishment of a State medicine, which looms large on the horizon at this time. If the public could be made to understand the advantages the Eclectic school has to offer it in the matter of a safe and kindly medication, a shortened duration of disease, a minimum of surgical interference and a lowered mortality rate, they would willingly help us to maintain our school independent of regular censorship. STEPHENS.

PRELIMINARY QUALIFICATIONS.

Among the pleas advanced for raising preliminary qualifications to the study of medicine is, we are behind or lower than that which is required in other countries. Whilst I personally feel that the agitation has reached the point where it should stop, and an endeavor be made toward the securing of an uniformity, yet I cannot resist the temptation to carefully analyze the matter for my own information.

Glancing over "Laws (abstract) Regulating the Practice of Medicine in the United States and Elsewhere," my attention was directed toward Great Britain, by reason of the fact that it is there stated a medical student must be at least sixteen years of age for matriculation. The medical course is then five years.

The minimum preliminary requirements in this country practically prevent such a matriculation, as a boy can but rarely finish a first-class high school, as outlined in Ohio, at sixteen. Entering school at six, eight years in the grades and four years in the high school means eighteen years of age, provided no promotions are missed. Unfortunately, in his "minimum requirements," as outlined by the A. M. A. Council, no provisions are made for exceptional scholarship. Many colleges, however, grade by credits or units, the time question not entering into consideration.

I have parallelled the preliminary requirements of Great Britain and Ohio first-class high schools for the sake of comparison, and find that our standing does not fall so far short as some would have us believe.

GREAT BRITAIN.	OHIO.
Minimum age, sixteen years.	Average age, nineteen years.
English grammar, paraphrasing, composition.	English grammar, composition, rhetoric, English and American literature, classics.
English history.	American, English and general history.
Latin (grammar, translation into English from unprescribed Latin books; translation into Latin of a continuous English passage and of short idiomatic English sentences).	Latin, four years (grammar, Cæsar, Cicero, Virgil).

Mathematics (arithmetic, algebra, including easy quadratic equations; geometry, including the subject-matter of Euclid I, II, III, and simple deductions). Euclid I and II deal with rectilinear figures; III, with circles.	Mathematics (arithmetic, algebra, one and one-half year's work, going beyond quadratic equations; geometry, one and one-half year's work, dealing with all of plane and four of solid geometry).
One of the following subjects: (1) Greek or (2) a modern language on the same basis as Latin.	German is optional in most of the first-class high schools. Greek or a modern language is a preliminary requirement for college entrance.

As we said before, the interval between registration and final examination is at least five years. The first year of the medical course is:

Physics, including the elementary mechanics of solids and fluids and the rudiments of heat, light and electricity.	One year in physics (text-books, Carhart and Chute, Millikin and Gale or Avery).
Chemistry, including the principles of the science and the details which bear on the study of medicine.	Chemistry, one year (text-book, Remsen).
Elementary biology.	Botany.
Anatomy.	
Physiology.	

This outline of the preliminary qualifications is simply to demonstrate that the claim that Great Britain demands a better preparation than most of the States is rather "far-fetched." The fact is, the first-class high school of Ohio offers a better preparation than is required in Great Britain. It is idle to say that the high school does not do the preliminary work satisfactorily, as the boards of education purchase the material and equipment to do the work required by the text-books mentioned. It is also a self-evident fact that it would be done much better in a school-room than by a correspondence course, which is offered by some schools, the text-books being the same. It is so easy to imagine that some one has something better than we have, that, brooding over it, it soon becomes fixed, though it may not be true.

The demands of several of our States and of some universities, if honestly enforced, exceed that of any other country. The United States will soon cease to be a "poor man's paradise." It is becoming mad with power and wealth, and with the increase of these the rich become richer and the poor poorer. We are fast tending as a nation toward paternalism.

It is, moreover, manifestly unfair to compare our public school system with Great Britain's, or, in fact, with any European nation, without qualification. They possess no public school system similar to ours, which was pronounced by the Mosely committee a few years ago to be unequalled in any country. M.

The president of the Indiana State Board of Medical Registration and Examination, with three other members of the board, held a conference in Indianapolis, January 6, to consider the question of collegiate training for persons desiring to enter medical colleges in the State. It is proposed

to require that, in addition to being a graduate of a high school before one can enter medical college, he shall have at least two years' college training in addition. At present any graduate of a high school can take up the work in medical colleges.

Personally, I do not believe the movement indicated is either timely or wise. It would be far better to secure a uniform standard than increase the chaotic condition existing. I doubt the sincerity or honesty of those behind this movement of increasing the preliminary requirements. It appears strange that those in control of the smaller colleges do not perceive the animus behind this movement. The larger universities are now offering two degrees in six years, and one in particular, by reason of continuous sessions, makes it possible to secure two degrees in five years. Under such circumstances it will be very few men, indeed, who will send a son to a small college, having no medical department, for four years to receive a literary degree, and then four years for his medical degree, or eight years in all, when he can receive both degrees in five and six years.

The action of these boards recalls to mind the story of the "Pied Piper." In other words, the bell wether starts and the boards fall over one another in their effort to follow, not realizing where they are going. We are now hearing much of the increased cost of living, of the beef trust, oil trust, flour trust, sugar trust, steel trust, book trust, etc., but it will be far worse for the youth of our land when the educational trust fastens its tentacles upon the profession so tightly that it will be practically impossible for an ambitious youth without money or influential friends to enter any of the professions.

It is fast tending in that direction, and if the action of the Indiana board becomes universal, a youth cannot matriculate under twenty or twenty-one years of age. Then, with a five years' medical course and three or four years' struggling, he is twenty-eight or nine before he becomes self-supporting.

It is time for the smaller literary colleges and independent medical schools to wake up and realize the fact that the present movement is not for the protection of the "dear people," nor the improvement of the profession, but is based solely upon sordid selfishness, a desire to curtail the number of physicians and medical colleges, or, in other words, like the trusts, "limit the output." Some of the brightest lights of the profession in the past generation did not enjoy the benefits of even a high school education. It is the man that counts for success, not the years in school. It will be a sorry day for the intelligence of our nation when education becomes a luxury, attainable only by the wealthy, which it surely will be, from present indications. M.

When rejected by his fellow townsmen, Christ used the expression, "A prophet is not without honor, save in his own country and among his own kin and in his own house." We fancy such is somewhat the feeling of Prof. Robert Watkins, when he reads the accounts of Jean Commandon

and his microcinematograph, as described in the metropolitan papers and popular magazines.

Prof. Watkins described and exhibited the practical workings of his instrument at our National meeting in Chicago, June, 1909, and even before that at the New York State meeting. Brief notices were made of the fact by the associated press, but, as it did not emanate from the "old country" not much heed was given to his discovery. Thus, it is ever. To be orthodox, everything must emanate from the laboratories and studios of Europe. It must needs bear the trade mark "Made in Germany." Some of our remedies are not regular, until they have traveled across the water and returned. It is fetichism. M.

We append the following editorial from the *Critic and Guide*, for January, 1910, that seems opportune:

"A Society for the Prevention of Cruelty to Students.

"I should like to see the establishment of a Society for the Prevention of Cruelty to students, and I would head the list for the foundation of such a society with a thousand dollar subscription. I have occasion to visit various houses at the close of the day to watch how hard the students, male and female, of various colleges—medical, pharmaceutical, technical—have to work. It is heartbreaking to see young men and girls sitting up evenings till 11, 12 o'clock, using up their vitality, exhausting their brains and nerves, ruining their eyes by artificial light, in an attempt to master the overcrowded curriculum and be ready for the quizzes.

"And it is doubly heartbreaking when you consider that a good deal of the work consists of useless and unessential details, of utterly worthless trash which no student should be required or even permitted to commit to memory.

"Many of our institutions of learning have not yet learned one important thing, and that is, that true knowledge does not consist in committing to memory a heap of facts and figures and dates and statements; they have not yet learned—and greater the pity—that true knowledge is the ability to think, to reason, to analyze, to know where to find the required information, and how to utilize it, how to apply it practically. And it is a shame that institutions, whose object is to turn out teachers of health, and whose aim it should be to give practical illustrations of the proper hygienic way of living, are themselves the greatest offenders in matters of hygiene and sanitation. Only too often are the laboratories, dissection rooms and lecture-halls dark, uncomfortable and ill-ventilated. And then the students are given an amount of lessons which the teachers must know can be acquired only after a great waste of nervous energy. And even then it cannot be assimilated—only temporarily memorized by the vicious method of cramming.

"The result of this vicious system of stuffing the student to death is doubly bad. First, the knowledge acquired is superficial in character and fades away soon after leaving college; second, many students, male and female, go out from college crippled in health and in many instances prove unequal to life's fierce battle.

"Education acquired at the expense of impoverished blood, a weakened stomach, damaged kidneys, shattered nerves or ruined eyesight, is paid for too dearly.

"Have pity on the poor student. Do not rush him to death."

The value of ipecac in tropical dysentery is finally becoming acknowledged after a long period of skepticism. For a decade or so it was believed that nothing except local treatment by means of irrigations was of the slighest use, and it was held that any attempt to disinfect the colon by way of the stomach was utter nonsense. Cases were even turned over to the surgeon to establish a channel for irrigation through the appendix, but physicians are now curing apparently hopeless cases by the persistent use of large doses of ipecac, preferably thirty drops of the tincture in capsules four times daily. Moreover, the after history of many of the operations has been anything but pleasant although some brilliant results were obtained. The surgeon's services are now declined since the methods of the British physicians in India have been found to be effective. It is such a remarkable instance of the specific virtue of drugs once used empirically, that the profession would do well to look into the case of many another drug which has fallen in the battle with the therapeutic nihilists. Some of the things may have unsuspected value.

Empiricism must not be wholly ignored for the real meaning of the word is "experience." Of course in far too many cases it is merely *post hoc* which has created the secondary meaning of quackery, but there are many notable cases in which it was really *propter hoc*. Indeed our three great specifics—quinine in malaria, iron in anemia and mercury in syphilis—are all empiric remedies. The ordinary laws of survival of the fittest explain the matter. For untold thousands of years, primitive man has been blindly trying everything for his ills, and those who recovered transmitted the means in folklore. If it was merely a *post hoc* case, subsequent failures eliminated the drug, but if a remedy persisted centuries or milleniums it must have had too many successes to be merely coincidences. Even as early as the pre-Homeric Greeks, these happy experiences had accumulated into a very scientific system of medicine based wholly upon observed facts. The modern method of experimentation has caused us to ignore these experiences and it is now time to take them up again for we may have discarded things as valuable as ipecac which is now considered almost a specific for ameba. Happily the women, even of the peasantry, hold to their mother's teachings in spite of all we can do, and, among the therapeutic trash thus handed down in folklore, the jewels are preserved, waiting for the modern therapeutist to discover and polish them.

The new birth of therapy is partly due to the realization that there are some jewels collected after these thousands of years of search. It behooves us to detect them, and much glory awaits the investigators. There is a growing suspicion that ancient literature is full of references which will serve as clews in building up the new therapy of experiences proved by experiment, and we should have accurate translations of the old works, even

those of the ancient Egyptians. The laborer will receive no reward except the satisfaction of doing something, but perhaps our research laboratories and our libraries may develop some man with a genius for sifting out the jewels from the enormous mass of *post hoc* trash. Who knows then, but that the medical book-worm may now be furnishing material of enormous value to future scientific therapy? It has been folly to ignore all the experiences of mankind. Indeed, many a general practitioner has been amazed at the success of home remedies used for generations, and we find every wise family doctor using things not mentioned in the text-books and colleges. Now let us have these experiences put to use, and let us realize that empiricism is occasionally a *propter hoc*. Our disbelief as to ipecac has cost a deplorable number of lives.—Editorial, *American Medicine*, October, 1909.

AN APPEAL—JOIN THE NATIONAL.

The plans for the next meeting of the National, at Boston, June 28, 29, 30, and July 1, are well under way, and we have every expectation that it will be a noteworthy gathering. Under the able presidency of Dr. Thompson, of New York, all the preliminary arrangements have been made, and we have reason to believe that the attendance will be a record breaker, and it is to the interest of our profession that as many as possible attend. It has been many years since we have met in New England.

The railroads will offer us reduced rates with special stop-over privileges, so that those who have never been to Boston may well find this an unusual opportunity for such a trip. The Massachusetts members are making great efforts to entertain us and they certainly know how to do it.

Aside from the motives of pleasure we are sure that every member of the Eclectic profession is interested in the prosperity and the perpetuity of our National Association. We cannot exist without this, and by all means we must keep it in a flourishing condition. Indeed, we would be a sorry lot were we to allow our Eclectic organizations to be neglected, and therefore it is to the inerest of every practitioner of our school to keep them at full tide.

The National is our most representative body. It stands for the highest ideals in medicine and surgery. It is the bulwark of Eclecticism, and in it we find the best exponents of our school of medicine. We cannot live without it, and every follower of Beach should exert his influence for its continuance and prosperity. A practitioner of our school cannot live by himself alone, and he must associate himself with its organizations. We therefore make this primary appeal for every one to come forward and lend his influence that the good work may go on.

If there are any physicians who are not members of the National, they should join at once. By a new rule, application and the payment of the annual dues of two dollars may be made at any time, and names will be posted in the June QUARTERLY and voted on at Boston. It costs but two

dollars a year, and every graduate of an Eclectic school should become a member. The undersigned is chairman of the Committee on Organization. Any State society member who wishes to join may send name, address, year of graduation from college, and two dollars to us, and we will file application for membership. Blanks for application will be forwarded to anyone who will make inquiry. Membership dues include an annual subscription to the NATIONAL QUARTERLY. Send in your name and do your duty to the profession. The nine hundred who are already members of the National, renew through their State society secretaries.

JOHN K. SCUDDER, M.D.,
630 W. Sixth Street, Cincinnati, O.

The 1910 meeting of the National will be held at the Vendome Hotel, Boston, Mass., June 28 to July 1. The hotel is situated on Commonwealth Avenue, one of the finest thoroughfares in the city, and is so situated as to afford a fine view of some of the most prominent streets of the city. Boston Commons, associated so prominently with the early struggles of our country, is not far, in fact, is in plain view.

Abundant rooms are provided for meeting, exhibit and committee section work, five in all, conveniently located, accessible, well lighted and commodious.

Meeting in this city, "the cradle of American liberty," we ought to have one of the best meetings in our history. It is proper and fitting that at this time, when the liberty to think, act and do as one desires, though not conflicting with the rights of others, is being constantly abridged and hedged about us, that we meet in that grand old Bay State, filled as it is with historic landmarks and memories, abounding with places of interest connecting so intimately with our early struggles, and where men did not hesitate, when occasion demanded, to proclaim their honest views and opinions.

The personnel of the local committee assures success, so far as their work is concerned. The balance depends upon the committees announced herewith. Let each one do his full duty, and be prepared to make his report by April 1. Work done promptly is always well done. Delays are always dangerous.

Secretaries of the State societies are also urged to complete their lists. Eighty-one additional names have been reported since our last issue. A full report of these lists is requested for the June QUARTERLY. The next three months are full of work. Let each one do his share, his full share; it will then not burden any one.

At this season of the year excursion rates prevail to the East, and we can all take advantaget of the opportunity to go East. Opportunities for side trips after the adjournment of the Association are many—so many, in fact, it will be impossible to enjoy them all.

Begin now to make your arrangements to attend the National.

NATIONAL ASSOCIATION OFFICERS AND COMMITTEES.

President—George W. Thompson, M.D., 142 E. Thirtieth, St., New York.

First Vice-President—Albert F. Stephens, M.D., St. Louis, Mo.

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Alabama.

Dr. R. B. Harris has been reappointed health officer of Birmingham, after a vigorous controversy between the politicians and physicians. The latter won.

The prohibition law of Alabama is a stringent one. A physician can only prescribe grain alcohol after stating he has personally examined the patient. This prescription is to be recorded in the Probate Court and an extra charge of ten cents is made. Violation of the statute annuls his right to practice for a year. The druggist filling the same is subject to a fine and imprisonment.

A change has been made in the medical laws. County Boards are abolished and no one can appear before the State Board for examination, save only graduates. The new regulations also provide for reciprocity.

Arkansas.

M. C. Karr, M.D., has located at Argenta.

Wm. G. G. Choate, M.D., has formed a partnership with G. Allison Hinton, M.D., of Hot Springs.

Samuel G. Boyce, M.D., has located at Little Rock and T. B. Young, M.D., at Empire.

Dr. C. M. Hoag has located at Judsonia.

California.

C. E. Johnson, M.D., has removed from Visalia to Los Angeles. He can be found in the Auditorium Building.

Dr. James Beard has located at Eighth and Central Avenues, Los Angeles.

Dr. J. H. Ashabranner, formerly of New Albany, Ind., has recently located at 752 Tenth Street, San Diego.

The essayist for the October meeting of the Los Angeles County Eclectic Medical Society was Dr. Johnston, the subject being "Radium as a Therapeutic Agent." The full text of the essay can be found in the November number of the *California Medical Journal.* At the November meeting, Dr. James Beard was the essayist, the title being "The Dawn of a New Medical Era." The essayist at the December meeting was Dr. Munk, "Diaphoretics *versus* Diuretics." This being the annual meeting, Dr. James Beard was elected President and Dr. P. M. Welbourn Secretary and Treasurer.

Dr. D. J. Turner has removed from Cheney, Wash., to Gridley, Cal.

The California State Board of Medical Examiners have adopted the following resolution: "That beginning with the examination in December, 1909, an applicant who fails to pass, but receives 80 per cent. or more in one or more branches, said credit shall stand in such applicant's favor on the books until one year from the date upon which it was received; in other words, in any examination within a year from the date of the examination at which said applicant received these credits he will only be examined in the branches wherein he received less than 80 per cent."

Connecticut.

E. A. Markham, M.D., of Durham, has been appointed on the Examining Board, vice Henry Bickford, of Hartford, who resigned; John W. Fyfe has been reappointed for another term of five years.

The Connecticut Board grants reciprocity to those who have passed an examination before State Boards requiring an equal standard to that of Connecticut.

Dr. W. M. Steinberger has located at 617 Hancock Avenue, Bridgeport.

Kentucky.

L. Simpson, M.D., has located at Milburn.

Dr. Wm. Leming has removed from Lexington to Tucumcari, New Mexico. Dr. Leming is secretary of the Eclectic League for Drug Research.

Missouri.

W. E. Aubuchon, M.D., has located at Leadwood; Frank Cave, M.D., is located at Kansas City, and S. F. Freeman, M.D., at Ellwood.

R. M. Howe, M.D., has removed from Terre Haute to St. Louis.

E. L. Rice, M.D., formerly of Otterville, is now located at the corner of Kentucky and Manchester Avenues, St. Louis.

Drs. D. S. and J. W. Pruitt have erected a new office building at 6006 Virginia Avenue, St. Louis, and are now occupying it.

Dr. G. E. Tracewell was recently appointed health officer of Wellston.

Dr. Jos. G. Dunn has removed to 5115 Vermont Street, St. Louis.

The American Medical College, as was announced, has affiliated with the Association Hospital, in which outdoor clinics have been established. The several departments, such as Pediatrics, Surgery, Gynecology, Eye, Ear, Nose and Throat, have each their own rooms and equipment. What more could be desired for clinical purposes, we do not know. New laboratories have been established in the college for bacteriology, histology, physiology and chemistry. The work has been so divided that the freshman and sophomore work is taught in the college building, while the junior and senior work is principally located in the hospital.

Dr. I. W. Upshaw is now the President of the State Board of Health.

Dr. O. T. Upshaw is the medical director of the National Life Insurance Company of Missouri.

Nebraska.

Dr. Fred Blumer, "L. M.C.," of Humboldt, who was recently married to Miss Stewart, of Salem, have located at Brownville, where we trust they will meet with success.

Dr. M. L. Wilson, of Falls City, was recently elected coroner of Richardson County by a good comfortable majority.

New York.

Dr. Walter Baety, of '06, is located at Ancon, Canal Zone.

Dr. Coleman has removed to 59 East Ninetieth Street.

Dr. O. J. Ruzika has located at 300 Chauncy Street, Brooklyn.

Dr. Stella Schaeffer has opened offices at 291 Henry Street, New York City.

The Faculty Dinner of the New York Eclectic College was given on the evening of October 16, 1909. About twenty-two members of the faculty were present.

The monthly meetings of the "City and County" were held in the college parlors. At the October meeting the essayists were Dr. A. S. Gombar, "The Urine as an Aid to Diagnosis," and Dr. H. Harris, "Carbo-Ligni." At the November meeting a most interesting paper was read by Dr. Rosenblenth, "Gunshot Wounds Made by the New Missiles." At the December meeting the officers were elected for the year 1910, as follows: President, Dr. Charles Lloyd; Vice-President, Dr. M. B. Carr; Treasurer, Dr. Geo. W. Thompson; Recording Secretary, Dr. H. Harris; Financial Secretary, Dr. G. Olson.

At the December meeting of the New York Specific Medication Club the essay for the evening was "Echinacea," by Dr. Blaustein. At this meeting Dr. Boskowitz announced a gift of $500 to the college.

Ohio.

H. C. Dahm, M.D., has removed to Oakley, and E. S. Haas to 4750 Main Avenue, Norwood.

Clifford J. Baldridge has located at 639 W. McMicken Avenue.

Eben B. Shewman, M.D., from Waymansville, Ind., is now located at 6069 Main Street, Pleasant Ridge.

Geo. W. Smith, M.D., has removed from Newark to 214 W. Third Street, Canton.

Dr. Owen A. Palmer, formerly of Cleveland, is now located at 419 S. Market Street, Canton.

S. M. Sherman is the newly elected President of the "General Practitioners' Society," of Columbus; he is also President of the Board of Registration and Examination.

J. K. Scudder, M.D., read a paper, "Medical College Management," before the Ohio Association of Medical Teachers, at Columbus, December 27, 1909.

The January meeting of the Northwestern Ohio Eclectic Medical Association was held at Lima, January 11, 1910. Papers were read by Drs. Bates, Sutter and Sidener. The round table discussion was conducted by Dr. Jenkins. The next meeting will be held at Findlay, in April.

The Southwestern Society met at Mrs. Dr. Quinns, Covington, Ky., December 1, 1909. The essayists were Dr. Quinn, "Macrotys;" O. P. McHenry, "Thuja;" Thos. Bowles, "Gelsemium." A lunch and musical program was furnished by the hostess. The next meeting will be held at Hamilton.

The Ohio Central met at the Northern Hotel, Columbus, December 9, 1909. The subject for discussion was "Diabetes," introduced by Dr. I. N. Smith. At its January meeting Prof. J. U. Lloyd was the guest of honor and gave an address on "The Past, Present and Future of Eclecticism."

Bills will be introduced into the Ohio Legislature during the present session to exempt from prosecution any woman who may testify to having been a subject of criminal practice, and also provides that the declaration of a woman about to die from the effects of criminal abortion shall be competent evidence.

A second bill provides for the sterilization of criminal and other defective individuals, as wards of State institutions.

Third, the "vendor's bill," making it unlawful for any person, firm or corporation, either as principal or agent, to sell at retail, or offer to sell at retail, by peddling or by canvassing from house to house, or in other ways, any appliance, apparatus or device for the cure or mitigation of disease, without first obtaining from the Ohio Board of Pharmacy a license for such purpose. The license is $240.

Fourth, a bill to protect the public morals by prohibiting the advertisement of treatment for certain diseases. It provides, as a punishment, a fine of not less than $25 nor more than $100, and exempts medical publications and trade journals circulating among dealers from its provisions.

Fifth, the medical inspection of public school children by boards of education through the employment of physicians.

Sixth, authorizing the State Board of Health to produce diphtheria antitoxin for free distribution.

Seventh, abolishing local boards of health and transferring its functions to the director of public service.

Eighth, in case a commission displaces boards of trustees of all State institutions, that one member be a representative of the medical profession.

Ninth, authorizing the State Boards of Health to appoint twelve district medical inspectors for the better control of infectious diseases and removal of unsanitary conditions.

At the recent meeting of the Ohio State Board of Medical Registration and Examination, January 4, 1910, out of twenty-five applicants examined three failed. Seven osteopathics were examined with one failure. Five midwives examined and all failed. Eleven physicians were granted reciprocity licenses after examination and three without examination. One osteopathic applicant for reciprocity was rejected.

The Eclectic Medical Institute has moved into their new building, 630 W. Sixth Street. This building has been erected solely for the purpose to which it is dedicated—teaching medicine. It is connected by a bridge with the hospital building and has an abundance of laboratory and amphitheatre rooms.

Dr. Basinger has located at Pleasant Plains.

John Swanson, M.D., in addition to his city office, has opened an office at his residence, 350 Ludlow Avenue, Clifton.

Pennsylvania.

A. M. Uphouse, M.D., is located at Hooversville; F. H. Long, M.D., at South Bethlehem; C. T. Sayler, M.D., at Boswell, and Dr. Shrock at Stoyestown. These are all young men and recent graduates.

Pennsylvania's new registration law requires a high school diploma to protect those matriculated prior to its passage. The Medical Council, in December, voted to recognize certificates of preliminary education on the basis of a competent common school education issued to students who entered upon the study of medicine prior to the fall of 1909, and that these certificates be valid until the December examination of 1912.

Dr. Kimmell Rauch, surgeon to the Johnstown City Hospital, is spending the month in New York doing post-graduate work.

Texas.

Dr. W. M. Wimer has removed to Gober. W. E. Bridge, M.D., has opened up an office at Bonham.

Dr. Anna B. Bonebrake has removed from St. Louis to Dallas. Her address is 612 Wilson Building.

H. V. Helbing has located at North Fort.

Dr. W. W. Miner's daughter, Eveline, died November 11 of laryngeal diphtheria. Although the intubation tube had been used, by some means it became closed, and death resulted before assistance could be secured.

At the semi-annual examination, held at Greenville, November 9-11, 1909, thirty-three were examined. The next meeting will be held in Austin, in June, 1910.

The Texas Eclectic Medical Association met in Dallas, October 26, 1909. Guests from abroad were Profs. J. U. Lloyd and L. E. Russell, of Cincinnati; Prof. W. N. Durham, of Atlanta, Ga.; Dr. W. N. Holmes, of Memphis, Tenn., and Dr. R. E. Sawyer, of Bokchitto, Okla. Among the local men present were Dr. J. D. Mitchell, President of the Texas Homeopathic Society; E. G. Eberle, editor of the *Southern Pharmaceutical Journal,* and Dr. R. O. Braswell, physio-medical representative of the State Examining Board. A pleasant and profitable meeting was held. On the afternoon of October 27, Professor Lloyd addressed the students of Bayler Medical College. The officers elected for 1910 are: President, W. R. Fowler, Pottsville; First Vice-President, M. F. Bettencourt, Gladewater; Second Vice-President, S. G. Arnold, Dalhart; Treasurer, M. E. Daniel, Honey Grove; Secretary, H. H. Blankmeyer, Honey Grove.

D. C. Arndt, M.D., has located in a suburb of Houston. His address is R. F. D. No. 2, Box 52 A.

West Virginia.

Richmond, being placed under a strict quarantine owing to an epidemic of smallpox, has appealed to the State Board of Health for relief from its burdens and inconveniences.

A. C. Lambert, M.D., has removed from Glenova to Wheeling and entered into partnership with L. B. Conrad, M.D.

L. S. Riggs, M.D., of Board Tree, has returned to his former home, Wheeling, and has opened an office at 2515 Chapline Street.

Dr. C. W. Halterman has been appointed on the State Board of Health. Dr. Halterman is preparing himself to make a specialty of nervous diseases.

Dr. Wade Gaston, of Clarksburg, is taking a post-graduate course in New York.

Dr. John B. Jobes has removed from West Liberty to Colorado where he purposes entering into some mercantile pursuits.

Wyoming.

Cerebro-spinal meningitis was epidemic in Glen Rock during November, 1909, some cases proving rapidly fatal.

Dr. J. R. Hylton is located at Douglass. Dr. T. S. Dean is located at Caspar and Dr. Jay Smith at Glen Rock. All are doing well.

Dr. J. B. Van Horn has been ordered to active duty at Ft. McKenzie. He has since been ordered to active duty in the Philippine Islands and is to sail about May 5, 1910, from San Francisco.

MISCELLANEOUS.

Dr. B. Craig has located at Stone, Okla.

Houston E. Snyder is located at Stites, Idaho.

An attempt is to be made by the physicians of Virginia at the approaching meeting of the legislature to have the special tax removed that is now levied upon them by that State.

F. H. Finlaw, M.D., is now located at Moscow, Ind.

South Dakota offers abundant opportunities for the young physician. Write Dr. M. E. Daniels, Madison, S. D.

Good locations for Eclectic physicians are numerous. One can find such by addressing Shannon D. Baker, Koleen, or B. McWhinney, M.D., Union City, Ind.; L. S. Keith, Towanda, Ill.; or S. C. Kociell, M.D., Medicine Lodge, Kan. The trouble is our supply of men is not equal to our demands.

At the recent examination in Indiana, January 13, 14 and 15, there were twenty applicants with but two failures.

MARRIED.

C. C. Hamilton, E. M. I., '06, and Miss Velma M. Skinkard, at Newberry, Ind., November 9, 1909.

George H. Granau, E. M. I., '08, and Miss Carrie Floyd Stewart, at Milton, Fla., November 2, 1909.

W. Clay Jones, E. M. I., '09, and Miss Vera Maude Peck, at Fon du Lac, Wis., December 25, 1909.

H. C. Smith, E. M. I., 1899, and Bertie Isabelle Wilson, at Omaha, Neb., December 1, 1909.

Orla A. Meyers, M.D., and Miss Mayme S. Schwiff, at Gravelton, Mo., December 19, 1909.

Arthur E. Gammage, M.D., of Chicago, Ill., to Miss Myra M. Gillis, of Rio, Ill., November 4, 1909.

S. F. Freeman, M.D., and Miss Selia Bennett, both of Elwood, Mo., November 30, 1909.

W. O. Keffer, M.D., of Frugality, Secretary of the Pennsylvania Board of Medical Examiners, to Mary B. Walters, of Johnstown. They will spend about six months in Europe where the doctor will take up post-graduate work in England and Germany, thus combining business with pleasure.

OBITUARY.

Adams, Omer G. W. (license, Iowa, years of practice), at Chicago, October 1, 1909, aged sixty-seven years.

Barber, William Wilson, Eclectic Medical Institute, Cincinnati, 1893, at his home in Cincinnati, December 31, 1909, aged thirty-nine.

Barnes, John C. (license, Illinois, 1877), at Arcola, November 23, 1909, aged seventy-four.

Cummings, Gabriel T. M., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1889, at his home in Rockmart, Ga., January 8, 1910, aged forty-nine.

Beckwith, David Herrick, Eclectic Medical Institute, Cincinnati, 1849, at his home in Cleveland, November 19, 1909, aged eighty-four.

Behymer, Eben, Eclectic Medical Institute, Cincinnati, 1871, at his home in Mt. Washington, O., January 24, 1910, aged sixty-five.

Bement, Dwight Reuben, Eclectic Medical Institute, Cincinnati, 1878, suddenly in Mount Ayr, Iowa, January 10, 1910, aged seventy.

Brigham, Sarah C., Eclectic Medical Institute, Cincinnati, 1875, at her home in Fitchburg, Mass., December 15, 1909, aged eighty-five.

Clark, Amos A. N., St. Louis Eclectic Medical College, 1882, at his home in Denver, December 10, 1909, aged eighty-one.

Davis, Andrew Jackson, United States Medical College, New York City, 1883, at his home in Watertown, Mass., January 13, 1910, aged eighty-three.

Dolley, Sarah Read, Randolph Eclectic Medical College, Rochester, N. Y., 1851, at her home in Rochester, December 27, 1909, aged eighty. She is said to be the second woman to have received a medical degree from an American college.

Gaedekes, John G. L., Eclectic Medical College of the City of New York, 1881, at his home in New York City, December 25, 1909, aged fifty-five.

Glives, Thomas Jefferson, Dartmouth Medical School, 1853, at Hebron, N. Y., aged eighty-two.

Gordon, Wm. H., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1888, at Rankin, Pa., October 27, 1909, aged forty-five.

Grant, Thomas, New York Eclectic Medical College, New York, at his home, December 30, 1909.

McGuire, William H., Eclectic Medical Institute, Cincinnati, 1874, at Frankfort, Ky., November 27, 1909, aged sixty-two.

Myers, Charles Kelly, Cincinnati, 1849, at his home in Stockton, Cal., October 13, 1909, aged eighty-one.

Patterson, Griffith, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1887, at his home in Atlanta, Ga., October 23, 1909, aged seventy-two.

Rees, Daniel Bailey, King Eclectic Medical College, Des Moines, Iowa, 1884, at the home of his daughter in Buena Vista, Colo., December 1, 1909, aged eighty-five.

Rickard, Edward Taylor, Lincoln Medical College, Lincoln, 1897, at Weeping Water, Neb., November 8, 1909, aged forty-six.

Ross, John C, Indiana Eclectic Medical College, Indianapolis, 1880, accidentally killed at Muncie, Ind., December 17, 1909, aged sixty-five.

Strong, George William, Eclectic Medical College of the City of New York, 1882, at his home in New York City, November 7, 1909, aged seventy-three.

Watts, T. Norwood, Eclectic Medical Institute, Cincinnati, 1887, at his home in Topeka, Kan., December 23, 1909, aged seventy-three.

Worley, Jesse Lee, Eclectic Medical Institute, Cincinnati, 1887, at his home in Washington, C. H., Ohio, January 6, 1909, aged fifty-eight.

Pettit, Byron B., American Eclectic Medical College, Cincinnati, 1893, of Oklahoma City, Okla., at Fort Worth, Tex., January 27, 1909, aged fifty-six.

Yarlot, Edwin L., Eclectic Medical Institute, Cincinnati, 1874, at his home in Lodge Pole, Neb., December 16, 1909, aged fifty-eight.

BOOK REVIEWS.

SPECIFIC DIAGNOSIS AND MEDICATION. By John William Fyfe, M.D., 8vo, cloth, $5.00. The Scudder Brothers Co., Cincinnati, O.

Quite an extensive review of this work appeared in the September *Quarterly,* hence our own impressions are necessary only. One familiar with J. M. Scudder's "Specific Diagnosis" and "Specific Medication," will note a marked departure from them in the present work, and, indeed, the author states that owing to the advancement in medicine during the past quarter of a century makes this change necessary. We are favorably impressed with many expressions; in fact, with the entire work. We cannot refrain from quoting a few. In the introduction we note the following: "The words, 'specific diagnosis,' are employed as a means of designating a diagnosis of a specific pathological condition (not disease) which can be removed, etc. The physician who practices specific medication should exercise great care in making a diagnosis. The work deals with advanced methods from an Eclectic viewpoint, is well written and quotes freely from many writers to emphasize the positions taken. Eclectic writers are frequently quoted also, a method not heretofore popular with Eclectic writers, to our own injury.

The work contains about 785 pages and will bear a careful perusal from cover to cover several times. Each time new food for thought will be found. Such reading will be of benefit, not only to students but to practitioners as well. M.

PHYSICAL THERAPEUTIC METHODS. A Handbook of Drugless Medical Practice, Including a Chapter on Radiography. By Otto Juettner, M.D., Ph.D. Harvey Publishing Co., Cincinnati, O.

In the "Foreword" the author states that "this book is an attempt to present all the physical therapeutic methods as parts of scientific medical practice." No one doubts the efficacy of physical methods, and the only odium attached to them, if there be any, is because they have been so flagrantly misused by charlatans and quacks.

The work is divided into two parts. Part I deals with "Principles and Theoretical Considerations;" Part II, "Practical Applications of the Physical Therapeutic Methods."

Anyone who has read "Daniel Drake and His Followers," needs no introduction to the writer and his entertaining style. The same positiveness is manifest in the present volume, and I have been personally entertained and instructed by "Physical Therapeutic Methods."

The book is amply illustrated, well printed and handsomely bound. "Personal Hygiene" and "Dietetics" are chapters that make good reading. In fact, it is good reading from cover to cover, and not only good reading but instruction as well. It will pay to study it and restudy it, as I am convinced by experience that these methods are not sufficiently understood nor intelligently used by physicians in general, hence their relegation to quacks and mountebanks, who practice upon the credulity of the laity. M.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, Geo. W. Thompson, New York; Secretary, Wm. P. Best, Indianapolis. Boston, Mass., June 28-30, 1910.

2. Arkansas Eclectic Medical Society.—President, G. A. Hinton, Hot Springs; Secretary, C. E. Laws, Ft. Smith. Little Rock, May 11, 1910.

3. Boston District Eclectic Medical Association.—President, F. G. Phillimore; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.

4. California Eclectic Medical Society.—President, J. T. Farrar, Berkeley; Secretary, J. P. Dougal, Los Angeles, Cal.

5. Chicago Eclectic Medical and Surgical Society.

6. Colorado Eclectic Medical Society.—President, F. B. Richards, Denver; Secretary, G. H. Candlin, Eaton. Denver, June 8 and 9, 1910.

7. Connecticut Eclectic Medical Association.—President, O. L. Massinger, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.

8. Dayton Eclectic Medical Society.—President, James Hays, Dayton; Secretary, C. J. Otto, Dayton. Quarterly.

9. Eclectic Medical Society of the City and County of New York.—President, Charles Lloyd; Secretary, H. Harris. Third Tuesday of each month.

10. Florida Eclectic Medical Society.

11. Georgia Eclectic Medical Association.—President, R. M. Moore, Waleska; Secretary, C. W. Miller, Atlanta. Atlanta, April 1, 1910.

12. Illinois Eclectic Medical Society.—President, Geo. O. Hulick, E. St. Louis; Secretary, Wm. E. Kinnett, Peoria. Chicago, May 18-20, 1910.

13. Indiana Eclectic Medical Association.—President, E. B. Shewman, Cincinnati, O.; Secretary, J. D. McCann, Monticello. Indianapolis, May, 1910.

14. Iowa Eclectic Medical Society.—President, B. C. Mickler, Des Moines; Secretary, P. F. Price, Milo. Des Moines.

15. Kansas Eclectic Medical Association.—President, D. E. Bronson, Olathe; Secretary, O. C. Baird, Chanute. Kansas City, 1910.

16. Kentucky Eclectic Medical Society.—President, T. A. E. Evans, Farmers; Secretary, Lee Strouse, Covington. May, 1910.

17. Kings County Eclectic Medical Society.—President, Theodore Adlerman; Secretary, A. B. Wold. February, 1910.

18. Los Angeles County Eclectic Medical Society.—President, James Beard; Secretary, P. M. Welbourn, Los Angeles.

19. Maine Eclectic Medical Society.—President, F. W. Abbott, Taunton, Mass.; Secretary, S. A. Abbott, Taunton, Mass. Portland, May 25, 1910.

20. Massachusetts Eclectic Medical Society.—President, C. Edwin Miles, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, June, 1910.

21. Michigan Eclectic Medical Society.—President, C. S. Sackett, Charlotte; Secretary, J. E. G. Waddington, Detroit. Detroit, June, 1910.

22. Minnesota Eclectic Medical Society.

23. Missouri Eclectic Medical Society.—President, E. R. Waterhouse, St. Louis; Secretary, Emmett F. Cook, St. Joseph. St. Joseph, June, 1910.

24. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

25. Nebraska Eclectic Medical Society.—President, F. M. Andrews, Lincoln; Secretary, S. J. Stuart, Kenesaw. Lincoln, 1910.

26. New England Eclectic Medical Association.—President, Thomas Mulligan, New Britain, Conn.; Secretary, F. W. Abbott, Taunton, Mass. Boston, June 21-24, 1910.

27. New Hampshire Eclectic Medical Society.—President, L. H. True, Laconia; Secretary, Lillian J. Bullock, Manchester.

28. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

29. Northwestern Ohio Eclectic Medical Association.—President, P. D. Bixel, Pandora; Secretary, R. V. Dickey, Lima. Quarterly.

30. New Jersey Eclectic Medical Society.

31. New York Eclectic Medical Society.—President, S. A. Hardy; Secretary, Earl H. King, Saratoga Springs. New York, May 19 and 20, 1910.

32. New York Specific Medication Club.—James Moran, Secretary. Monthly.

33. Ohio Central Eclectic Medical Society.—President, R. B. Taylor, Columbus; Secretary, J. G. Sherman, Columbus. Quarterly.

34. Ohio Eclectic Medical Association.—President, J. L. Payne, Cincinnati; Secretary, W. N. Mundy, Forest. Springfield, May 10-12, 1910.

35. Oklahoma Eclectic Medical Society.—President, R. E. Sawyer, Bokchitto; Secretary, E. G. Sharp, Guthrie. Guthrie, 1910.

36. Oregon Eclectic Medical Association.—Secretary, Byron E. Miller.

37. Pennsylvania Eclectic Medical Association.—President, W. O. Keffer, Frugality; Secretary, E. F. Shaulis, Indiana. Harrisburg, May, 1910.

38. South Dakota Eclectic Medical Society.—President, H. S. Graves, Hurley; Secretary, M. E. Daniels, Madison. Mitchell, June, 1910.

39. Southern California Eclectic Medical Association.—President, Q. A. R. Holton, Whittier; Secretary, M. Blanche Bolton, San Pedro.

40. Southwestern Ohio Eclectic Medical Association.—President, Lyman Watkins, Blanchester; Secretary, E. R. Freeman, Cincinnati. Bi-monthly.

41. Tennessee Eclectic Medical Society.—President, J. O. Cummins, Nashville; Secretary, B. L. Simmons, Granville. Nashville, May 10 and 11, 1910.

42. Texas Eclectic Medical Association.—President, W. R. Fowler, Pottsville; Secretary, H. H. Blankmeyer, Honey Grove. San Antonio.

43. Vermont Eclectic Medical Association.—President, J. M. Moore, West Rupert; Secretary, P. L. Templeton, Montpelier.

44. Washington Eclectic Medical Association.

45. Western Ohio Eclectic Medical Association.—President, J. B. Barker, Piqua; Secretary, Guy J. Kent, West Liberty. Quarterly.

46. West Virginia Eclectic Medical Association.—President, Allen Bush, Morgantown; Secretary, W. B. Hartwig, Anthem. Clarksburg, May 2 and 3, 1910.

47. Wisconsin Eclectic Medical Society.—President, A. Schreiber, Clyman; Secretary, F. C. Haney, Milwaukee. Devil's Lake, June, 1910.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

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**Texas*—One Board. Secretary, M. E. Daniel, Honey Grove (Eclectic); Eclectic member, J. P. Rice, Alpine. Next meeting at Austin, June 28-30, 1910.

**Utah*—One Board. Secretary, G. F. Harding, Salt Lake City; Eclectic, C. L. Olsen, Salt Lake City.

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THE GERMINAL SPOT; ITS CULTIVATION AND DEVELOPMENT.

E. YOUNKIN, M.D., ST. LOUIS, MO.

Life and reproduction, in both the animal and vegetable kingdoms, are subjects the most wonderful and intricate. To strip them of their mysteries has been the attempt ages past, yet much remains undeveloped or unrevealed. Notwithstanding all this, we should not refuse to understand what little is known of these subjects. What is man, is the subject of both human and divine inquiry. In the divine he is likened unto a *tree,* and the axe is laid at the root thereof, and every man that bringeth forth no good fruit is cut down. A good tree, upon the supposition that it has the proper environment, bringeth forth good fruit; and a corrupt tree cannot be expected to bring forth anything but evil fruit. Therefore, either make the tree good by proper budding, cultivation and pruning, or else make it corrupt by your indifference and neglect, for every tree is known by its fruit. This is the divine philosophy, and is the key set to the song of human practice.

The germinal spot is as far back as we can go in the exploration of physical life. This monad, plasma, germ or spot, whichever term you may choose to call it, is the product of coalescence of the male spermatozoön with the female ovum. This union is the process of fertilization. This blending is the generation of a new being. In the continuity rests all the physical elements, including the molecular properties of living structure. In it lie hidden the characteristics of a future being, ready to shape itself into an individuality. In it rest all the phenomena and all the peculiar and mysterious characteristics of heredity—not that only of parents, but of grandparents and great-grandparents, back and back indefinitely, even to Adam and Eve.

The germ plasm contributed by the father and mother is said to be each one-half. Each grandparent is one-fourth. Ten generations back each ancestor contributes only about one part in a thousand. Thus Adam and Eve contribute only an infinitesimal part of their hereditary protoplasm. But hereditary traits show up on some more than on others, and by the laws of atavism certain characteristics pass over the heads of several generations at a time; thus the germ plasm of our predecessors, in its hereditary

traits, are marked on some more than on others. Then, by some means, it embraces an opportunity to grow more rapidly, and thus contribute more than its share. This may explain why it is that the original Adam crops out on some individuals more than others.

Diversity is a law in nature. No two things in nature are exactly alike. No two pebbles on the mountain, no two grains of sand on the seashore, are the same in every particular. The germ plasm, with all the elements of previous ancestry of the ages past, is never mixed quite the same. Neither do they grow with quite the same vigor; still, by a fixed law of development the finished product is consummated at a definite time, and the remarkable results rush immediately into an independent being.

The germinal spot is regarded by some philosophers as the immortal soul of man. Professor John King used to delight in referring to this belief, and would, with his accustomed pertness, declare that it was his belief that if the germinal spot was the soul of man there were many instances in which it never got any larger than at birth.

Weismann maintained the theory that *"there is a distinct form of protoplasm, with definite chemical and molecular properties, set apart as the vehicle of inheritance."* A distinction is made between the body cells and the cells of inheritance. The body cells he calls *somatoplasm,* and the inheritance cells *germ plasm.* The body cells supply the tissues of the body—the nervous, muscular, vascular, digestive, etc. The germ plasm is kept distinct, with its past store of heredity elements. Thus they are kept distinct until they unite in the production of a distinct being, when the body cells, having performed their function, die, whilst the germ plasm is continuous with that of all ancestry in its line of descent. Thus the somatoplasm, or body cells, are mortal, while the germ plasm is immortal, and simply shifts its abode from one generation to another.

The spermatozoa are active, having the power of moving from place to place. They are produced in very great number, and differ very much in their power of movement. The female *ova* are passive, and are fewer in number. They are larger than the male cells. The process of fertilization consists essentially in the meeting and blending of the male spermatozoön with the female ovum. This process is an absolute union or coalescence. Considering the minute size of the spermatozoa, they have a long journey to make in pursuit of the comparatively few ova, and hundreds of the weaker grow weary of their search and fall by the wayside as victims of weakness and accident, thus giving up the struggle. "The survival of the fittest" reach their affinity, and, dancing eagerly around the egg, the pore canal of the chorion opens, the victor enters and buries itself in the protoplasm, ready in its new relations to embark upon the journey of gestation.

Viewing this process from purely a scientific standpoint, it is one of the grandest conceptions that can engage the human mind.

Do you know that the human egg cannot be distinguished from that of other mammalia? A vast difference there is, but the most powerful research of human ingenuity has been unable to reveal it, and only the scheme

of development can unfold the great mystery. A bird's egg, as it is laid in the nest, differs from the mammalian, but in its miniature form, as found in the ovary, it is the same as in the human egg. After a bird's egg leaves the ovary and passes along the oviduct, it takes on secretion which is converted into yolk and shell, to protect it until it becomes a bird. In the mammal, the mother's blood stores up the nutrition, while in the bird the coverings furnish the food for that class.

There are some low plants and animals where fertilization by the male is not necessary, but in the mammals this is an impossibility. We can have no true germinal spot without the fertilization of the female ovum by the male spermatozoön. Thus it is seen that the process of fertilization in some of its details remains a mystery. Nature has so enveloped the subject in the higher animals that investigation is precluded, excepting as it is observed in plants, lower animals and in the process of development in the human. Reasoning, however, from these bases, we think we have arrived at some very definite conclusions.

The coalescence of the male with the female cell is an absolute union, a growing together. It is the crown of congeniality, the entrance into life, ready for the new and higher development. It is typical of that affinity that characterizes the true union of two souls made one, very unlike the mixture of milk and water, that never mingles, but clouds and sours, bringing curds, discords and misery to themselves and all their progeny.

Another peculiar phenomenon to be seen in the coalescence and formation of the germinal spot, is that the new cell is less than either of the two former from which it sprang. But in it are all the hereditary constituents of all ancestry, and the elements of strength or weakness, as the case may be.

From a practical standpoint, the most important knowledge for a prospective parent is to understand that the health of fertilization depends upon not merely the hereditary elements, but upon the life, conduct and habits of the parent. A good constitution gives the stronghold of life. Disease is easily warded off in such persons. Firm muscle, a good heart, lungs and digestive apparatus, is partly inherited and partly acquired.

The feeble cannot endure much. Their hold on life is slight, and it is impossible to endow their offspring with the highest vital powers. Their children may live, if no great strain is made to bear down upon them. Those who are well-endowed at birth, and whose lives are in accord with hygienic laws, who do not squander their physical resources by sensuality, intemperance and other excesses, are known to retain health at a greater age, to ward off the attacks of disease better than those who violate the physical laws. Even a good tree can only bear good fruit when placed under the proper environment. The original hereditary elements are matters over which we have but little control, and we can hardly justify ourselves in boasting of any particular royal blood. Better it is for the living to concern themselves with the penalties imposed upon an impure life.

While all diseases tend to exhaust the physiological resources, and are

detrimental to offspring, there are certain ones which are peculiarly so. Specific diseases, or those resulting from a sensual life, are known to so saturate the victim with the poison as to be entailed upon the progeny. We may think this a very severe penalty, that the offspring of the sensual must suffer for the parents' physiological sins; but it is true, nevertheless; and we are, as medical men, seeking for the remedy which will make it safe for the infected to propagate his race and restore the physiological equilibrium. Such efforts are yet very undecided. The recent progress in pathology has corrected much of the older ideas of hereditary diseases, such as leprosy, syphilis, gout, cancer, tuberculosis and various nervous diseases. Bacteriology has developed the fact that many of the so-called hereditary diseases are due to the instillation of bacteria; that hereditary figures vary very little, and that in some obscure way predisposes a susceptibility to the action of the bacilli, in some leaving an extraordinary delicacy of epithelium to be attacked in later development. There are some vexed questions along this line that remain to be more definitely defined before we are able to have a settled knowledge upon the subject.

A woman affected with a specific disease may communicate the germs of the disease to the unborn child through the placenta; but it is not in accord with our knowledge of the progress of germs to presume that bacilli taken into the blood of the fetus remain latent, and the local effects be postponed for years, during development of the individual. Yet it must not be forgotten that while the inheritance of changes observed during life, caused by habits, we know not how they can be inherited through the germ cells. We cannot construct a working hypothesis for the process which "shapes our ends, rough-hew them how we will," but the facts resolve themselves into a law, viz: *It is necessary for superior offspring to maintain a high degree of health, in which there is a surplus of physical capital.*

Another subject requires treatment here. It is the effects of foods and drinks. Just to what an extent these have an effect on the germ plasm, we remain somewhat in ignorance. From these the body is nourished, but a surplus of fat in our systems is not of much service, and may prove injurious. The germ plasm is a highly nitrogenous substance, and a deficiency of nitrogen would also be injurious. Normal right living is to be daily sought and practiced. Pure air is a food the same as bread. The chemical changes of the body require the oxygen of the air, the carbon of food and hydrogen of water to maintain its vigor. It is a well-known fact that offspring of parents living much in the open air and sunlight are healthier and stronger than those living in confined and dark spaces. Impure air inhaled for a long time lowers the standard of health. In malarious regions, in poisonous atmospheres, in dark abodes, and in regions of impure water, the vigor of offspring is less. All these added to a feeble and weak inheritance and the children die early in life. The tuberculous must necessarily succumb early to the disease. Nature has so fixed the laws of our being that the life of a feeble inheritance, and especially one afflicted with a specific inherited disease, die early. This is perhaps a wise provision and an

essential one to the propagation of a stronger race of people. The medical man may prolong the life of such, by directing the proper food, drink, air sunshine and other environments, but beyond this he has thus far been unable to take away the sting of death, which is usually the sin of the ancestors, and the strength of sin which is the law. If our pride of progeny would aim more at the "blest abode men would be angels and angels would be gods," we might have a stronger race of people in time.

In ancient times the leading ideas upon which merit and distinction were based was the strength of muscle and vigor of body. A man was distinguished in proportion to his physical power, his ability to subdue the material world, level the forests, cultivate the soil and obtain the mastery of the animal creation. "A man was famous according as he had lifted up axes upon thick trees." The mother of Sampson, who slew the lion, was placed under a ban "not to drink any wine or strong drink, nor to eat any unclean thing," because she was to conceive and bear a son who was to deliver Israel out of the hands of the Philistines. The evil effects of alcohol on the unborn child was known to the ancients; and modern investigation shows that the injudicious use of spirituous liquors tends to insanity, idiocy, epilepsy and other nervous diseases. Demme made a study of twenty families, ten of which were drinkers and ten families of temperate habits. The posterity of the ten intemperate families included 57 children. Of these, 25 died in the first weeks of their lives; 6 were idiots; 5 had stunted growth in their physical stature; 5 were epileptic, and 5 had inborn diseases. Thus of the 57 only 10, or 17.5 per cent., had normal constitutions.

The ten temperate families had 61 children; only 5 died in the first weeks; 4 were affected with curable diseases of the nervous system; only 2 had inborn defects. The remaining 50 were normal in constitution and development. Thus 81.9 per cent. of normal temperate living is in contrast with 17.5 per cent. of intemperate life.

This is a graphic object-lesson of the evil effects of spirituous liquors upon germ plasm. Many other statistics might be given which are likely to affect the offspring unfavorably, but space forbids the extension of the list. In the present state of society we do not attempt to hold humanity up to an ideal standard, but as our knowledge increases the standard should be raised, and coming generations should profit by present discoveries, until the future of the human race is superior to the present.

"CEREBRAL WRONGS."

H. H. Helbing, M.D., St. Louis, Mo.

I was called March 18, 1909, to see Mrs. McC., the mother of three children, who was suffering with what seemed to me to be hysterical mania. She had a fear of impending calamity, and that she would be taken to the hospital. Another hallucination was a belief that her baby, which she was

nursing, was starving. At this time she talked in a rational manner, but she said that she could not get these foolish notions out of her head. Two days later the mania was more pronounced; she was pacing the floor and wringing her hands, begging us not to take away from her her children. Passiflora, sp. gelsemium, sp. hyoscyamus and other nervines had no effect upon her. In another day or two she apparently became speechless. At any rate, she would not talk. I called in a specialist on nervous and mental diseases at this time, and he pronounced it hysteria, his prognosis being guarded. From this speechless state she again passed into a maniacal delirium. Up to this time she had been up and about the house, but now she went to bed, and rolled around in agony. She would not take any medicine, so I resorted to hypodermics. Her delirium being of such an active state, I concluded to use H.M.C., and started in with two No. 1 tablets. This controlled her for about six hours. I told the family that one of two things must be done, either have a trained nurse at the house or take her to the hospital. They chose the former. During the time I had been treating her I had endeavored to ascertain her family history, but it seemed to be negative as regards tuberculosis or syphilis. I found that her family relations with her husband were not exactly conducive to her welfare. The family desired to have their family physician from the country called, which request I readily granted. I questioned him when he came, and found a bad family history. Her grandmother had died of tuberculosis; her father had been afflicted with a tuberculosis of the knee joint, which caused ankylosis; he was also a drunkard at the time of the patient's birth. The patient herself had recently recovered from a gonorrheal ophthalmia and ulceration of the cornea; so we had grounds for believing that her wrongs were of central origin. The only thing that caused us to hesitate in our diagnosis was the absence of any seeming spasmodic condition or paralysis; however, further inquiry revealed the fact that she had suffered with a tingling in her limbs previous to her illness. Another thing that surprised us was the absence of headache.

In the meantime we had been using hypodermics of gelsemium and veratrum, the specifics, in seven to ten drops of each, every three hours. This was used in alternation with H.M.C. We at one time also tried pilocarpine, but it had no influence upon the nervous symptoms. At this time the nurse had to catheterize her, as she would not void her urine. The urine was found normal in quantity and in its constituents. We obtained an evacuation from the bowels every two or three days, which was natural in every respect. She could only take milk, and but very little of that, for when attempting to give it, it would run out of her mouth without her swallowing it. The doctor from the country suspected tubercular meningitis, so we decided to use the ophthalmic test for that wrong. We obtained a positive reaction.

Whether this country allopath caused the family to become dissatisfied or not, I am not prepared to say; but they decided to call in another allopath, and had fixed an hour when it was inconvenient for me to be there,

so that after his last consultant had been there and had examined the case, he called me up over the phone and gravely told me that the case was one of melancholia, superinduced by toxemia of the intestinal tract. He had my nurse discharged, took the patient to the hospital, and proposed to clean out the intestinal tract. He also said that my treatment was depressing her, and that the hypodermics should not be used, especially the H.M.C. He substituted morphia and atropia, which I regard as more injurious, as it lessens the secretion. Her pulse, before we began the use of hypodermics, ran from 120 to 130, but with this treatment we were able to keep it down to 80 or 90. I went to the hospital to see her after the allopathic treatment had been started, to note its effects as well as to see whether the ophthalmic test had brought about any results. I found the patient at this time with a pulse of 130 and raving. She was in a room with bars to the windows, and the nurse was instructed to restrain her if she became too restless, but as far as keeping her was concerned, the means were not sufficient to the end, as we shall soon see. I looked at the prescriptions that were to be given and found that calomel had been prescribed in large and frequent doses, to be followed in the morning with oil. This was all. She was to be fed by means of a tube put in her stomach. Of course the inevitable occurred—death in fourteen hours after this wise allopath began his barbarous treatment.

I went to the family after the death of their loved one, and told them a few things that opened their eyes as to which physician gave the more sensible treatment. I think that every Eclectic who has a competitor with the ungentlemanly instincts of this allopath should leave nothing undone to turn the tables on him. I frequently consult with regulars who are gentlemen, and I try to treat them as such, but when anyone of this man's caliber comes in the way, I try to give him just as good as he sends.

This case was undoubtedly a cerebral wrong, but just what its nature I am not prepared to say. Certain it is that an Eclectic, with his therapeutics to meet conditions, can treat such cases with a greater degree of skill than can a specialist who claims to have had practical experience in an insane asylum, such as this fellow claimed to be. Judging from the wisdom he exercised in this case, I am of the opinion that he must have been there as an inmate, not as an attendant.

June 10, 1909, I was called in consultation to see a case of Dr. Tracewell's. The girl was unmarried, twenty-one years old, and was a clerk in a store. Her symptoms are as follows: She is suddenly stricken with apparent unconsciousness, but she maintains that she is not, after she comes out of the spell. Her pupils are widely dilated; she is unable to move her left arm and leg, and is unable to speak. Previous to our visit she had a spell, and was just recovering. It occurred about three hours before, and she still hesitated in her speech, like she was stuttering. This was the second spell she had had that morning. When attempting to pull a pin out of her dress her hand trembled and her arm seemed very weak, *i.e.*, her left arm. Testing sensation with pins, we found that the sensation in the left

leg and arm was nearly absent, but right was normal. When she attempted to walk she dragged the left foot. She gave a history of having suffered with headache on the right side of the head previous to her first attack with these spells. The aphasia, or difficulty of speech, lasted longer following her last attack than it had before. She was drowsy after the last attack, which was not the case with the previous attack. I am not able to say what this trouble is. While it has some of the features of epilepsy, still the symptoms and history seem to indicate a cerebral wrong of some kind.

DISCUSSION.

T. D. ADLERMAN (Brooklyn): I would like to ask a question. Was the first case after confinement?

H. H. HELBING: I think the baby was six months old.

T. D. ADLERMAN: While I am not prepared to diagnose exactly, it would appear to me to be a case of puerperal mania. I have seen a number of cases where no disorder was manifest until from six to eight months after confinement. What strikes me as being peculiar was the use of H.M.C., the very worst possible thing that could be used in this case. You will find in all cases where you have excitement, morphine in any form will add to it. The doctor says he used passiflora with some results. He should have used scutellarin. In the first place, you have to have rest. In describing the case I believe the doctor said that the nurse administered calomel, also that she was fed with a tube. Well, I have seen cases, after they have been sick a few weeks, that you have to feed with a tube, as they will not take food. Calomel is indicated to a certain extent.

POST-PARTUM HEMORRHAGE.

F. B. CROWELL, M.D., LAWRENCE, MICH.

Of the exciting experiences that the accoucheur often encounters in the parturient chamber, there is, to my mind, nothing worse than a severe post-partum hemorrhage, not excepting placenta previa and puerperal eclampsia.

Thinking that you are all through with what has been a normal case, and perhaps ready to take your departure, congratulating your patient on so good a confinement, even bidding her good-bye, suddenly you see a great flow of blood. The pulse weakens, the cheeks and lips are almost bloodless, a clammy sweat breaks out on the forehead. I repeat that I can think of nothing more horrible in the lying-in chamber.

After the birth of the child, hemorrhage may be primary or secondary. Primary may occur before or immediately after the expulsion of the placenta. A secondary hemorrhage may occur after an interval extending from hours to weeks. Primary hemorrhage may be due to lack of uterine contraction or to injuries of the soft parts, as laceration of the cervix, the vagina or vulva. Of these, uterine inertia is by far the most dangerous.

You will remember that the uterine veins become very much enlarged during pregnancy, and form enlarged spaces or sinuses. These are embedded in the depth of the muscular coat of the uterus, each fiber of which becomes

enormously hypertrophied during pregnancy, and forms three powerful layers, compressing the uterus in all directions.

In the absence of contractions, the sinuses form large tubes with oval-shaped openings, but during contraction are compressed to flat lines. In normal labor the contractions press the walls of the sinuses against each other till they agglutinate and partially become impermeable; or, when they open on the free surface at the placental site, they are compressed long enough to give time for the blood to coagulate in the interior. Under these normal conditions the blood lost during and after the third stage of labor is moderate and harmless. But if this harmony is disturbed, if the uterus does not contract, the blood may pour out of the parturient canal in a torrent, and the patient may succumb in a few minutes.

These extreme cases are, as a rule, rare, but more or less serious post-partum hemorrhage is by no means infrequent. Our best authorities tell us that the accident is quite common among women of the higher classes, who lead a life of pleasure, have weak, small muscles and an over-sensitive nervous system. Sickly or anemic women, with a poor constitution, are more liable to uterine inertia than their healthier and more robust sisters. The event is observed in hot climates more frequently, especially if the patient is not acclimated. Anything that causes defective uterine contraction is apt to lead to post-partum hemorrhage. Multiparous women are more exposed, likely due to a degeneration of the uterine muscle fibers. Previous hard labors seem especially to predispose.

The contractive force may be exhausted by a protracted labor. Great distension of the uterus, as in hydramnion or twin pregnancies, predisposes to it; likewise a precipitate labor or a rapid forceps extraction after version. A distended bladder or loaded bowel may interfere with uterine contraction and cause hemorrhage, as may also a large quantity of albumin. In a pendulous abdomen the uterus does not receive proper support, and abdominal pressure is weak. Large quantities of chloroform weaken uterine contractions, and this is a very frequent cause of the accident.

The symptoms of this condition are very plain, yet there are some cases in which the hemorrhage is concealed, and the patient's life goes out with but little evidence of internal hemorrhage; but the pale, cold, clammy skin; the sighing, yawning and gasping for air; tossing on the bed, throwing the arms; the thready pulse and the large, soft uterus, will tell us that we have a serious hemorrhage, and must get busy.

If the hemorrhage is external, as it usually is, we must settle at once the source of the trouble. Is the blood coming from the placental site, or from some tear in the cervix, vagina or vulva, or especially from the perineum? Palpate the uterus, and if it is small, round and hard, exclude it as a cause. By spreading open the vulva we may see the bleeding vessel, or, if not, with the finger we may feel tears higher up in the same or in the cervix.

A distinctive point is the character of the hemorrhage. If the source is an injury to the soft parts, the flow is much less steady, fluid and bright-red,

while in intrauterine hemorrhage the flow is, as a rule, more interrupted, the color is darker, and from time to time clots are expelled.

These are the cases that must be correctly treated at once, or there will be the smell of varnish, cut flowers and a more or less lengthy procession, according to the popularity of the unfortunate woman. No time to prescribe a placebo and go to the office and read up. The doctor must keep a cool head, be prompt, positive and energetic. He must, if possible, calm his patient and the friends, but he cannot do this unless he has first control of himself.

If the hemorrhage is from the soft parts, the bleeding vessels are secured usually with little trouble; but to contract the relaxed fibers of a rebellious uterus is often a difficult problem. As a prophylactic in these cases the bowels and bladder should be thoroughly emptied, the urine carefully examined for albumin, and, as soon as the child is born till at least a half-hour after the placenta is delivered, the fundus of the uterus should be held without interruption by the hand of the obstetrician or nurse. When the organ is properly contracted, nothing more can be done; but the moment it is felt to soften, the abdominal wall should be moved from side to side, and from front to back, and vice versa, tickling the peritoneal surface of the fundus, which may produce powerful contractions. If this does not suffice, the womb may be kneaded and squeezed with the same hand. As soon as there are contractions the placenta should be expelled by Credé's method, if possible. The old way of pulling on the cord is responsible, no doubt, for many cases of hemorrhage.

If you still have hemorrhage, and the placenta does not readily yield to Credé's method, don't hesitate to introduce the well-disinfected hand into the uterus and remove it, and generally the womb will contract at once.

If the uterus is flabby, use the extremes of temperature by alternately slapping over the organ with a towel wrung from hot and then iced water. If this fails, a peeled lemon squeezed within the uterus will often insure prompt contraction. This may not be available, but cider vinegar is nearly always found in every household, and gauze or cloths saturated with this and carried to the womb prove a good hemostatic. A hot intrauterine douche will often prove useful, and it is to be recommended in place of cold, as the latter lowers the vital forces and is more liable to produce shock.

In one of my first cases everything that I had tried failed. I asked for ice; the husband went to the door and brought some from the steps. I used a piece as large as a hen's egg, and the flooding stopped immediately, and the patient made a good recovery.

I am fully conscious that the use of lemon, vinegar and ice does not sound well in these days of asepsis and antisepsis, but we must use the means at our command and save the life of our patient, and not think of the remote danger of infection.

While I am busy with the above-mentioned modes of treatment, I have the assistants cord the limbs—not to obstruct the arterial, but the venous

flow only. In this way a large amount of blood may be held in reserve, which is very beneficial for the patient after the hemorrhage is stopped.

As to medicinal treatment, ergot hypodermically, adrenalin chloride 5 to 30 minims, stypticin gr. ½ to 1, strychnine, nitroglycerine, digitalis or atropine should be injected hypodermically as stimulants to the heart and lungs. The use of normal salt subcutaneously is one of the best means to overcome the weakened condition after the hemorrhage is controlled. When the acute danger is over, attention should be directed to proper alimentation and compensation for loss of blood. The food should be nitrogenous—milk, meat juice, eggs, oysters, boiled sweetbread, and later poultry, ham and meat. For the convalescent I like soluble iron citrate, one drachm to the ounce of port wine. Carnogen, one of the newer remedies, is extolled as a blood builder, and I have seen it used with good results.

Secondary hemorrhage may occur weeks, or even months, after delivery. The causes are quite numerous, some of which are emotion, pleasant or otherwise; suddenly rising to the erect posture; straining in any muscular effort; abuse of alcoholic drinks; sexual intercourse; albuminuria; malaria; retention of a portion of the placenta, and retroflexion.

Here we will treat the patient specifically, but we must remember to remove the cause if we expect to gain a reputation. We would not expect much from ipecac, with an elongated, pointed tongue, red at tip and edges, if there was present a portion of placenta in the uterus.

Pulsatilla would do little good for the blonde, nervous patient in fear of impending death, or in the patient who had chills every other day, or one in whom our microscopic friend found the plasmodium malariæ.

A retroflexed uterus should be replaced. If a portion of the placenta remains, it must be removed. Malaria must be treated with the proper remedies, or possibly a change in location.

Albuminuria will demand a proper treatment for the kidneys. In fact, remove the cause first, and then give your cinnamon, ipecac, charcoal, oil of erigeron, as indicated.

IPECAC.

J. C. Mitchell, Louisville, Ky.

Properties.—Emetic, diaphoretic, expectorant, antispasmodic, hemostatic, stimulant, laxative, alterative, revulsive.

The action of this drug is most marked upon the pneumogastric nerve, influencing the organs under the control of this nerve. It is useful to relieve the irritation of the gastric and intestinal mucous membrane that results in diarrhea and dysentery. It will stop vomiting when the tongue is contracted, pointed, red and clean and moist or slick. Upon the other hand, we use it to cause vomiting when the tongue is broad, flabby, with a slimy, heavy coat, showing nasty, foul accumulations in the stomach. When given in a case like this, it relieves congestion, equalizes the circulation and cleans the stomach.

In congestion of the vocal cords or hoarseness, the use of five drops of ipecac in one ounce of water, as a spray or vapor, is usually attended with marked benefit. In cholera infantum, where we have the proper indications, the result is all that could be asked. These are the cases where a small, frequently-repeated dose for its direct effect so beautifully illustrates the foundation stone of Eclecticism. In these bowel troubles of teething children, where the face and tongue are pale, pain in abdomen, we combine nux and ipecac with excellent results. If fever is present, aconite is called for. With nervousness we would use matricaria. If any tendency to spasms is present, gelsemium will give excellent results. If the stools are offensive, green and bloody, the intestinal antiseptics are called for.

When ipecac is exhibited in properly selected cases of vomiting, it usually works like a charm. But often it is necessary to do more than give ipecac in small, frequently-repeated doses. These cases are usually thirsty, and want to drink lots of water. If they are allowed to, just as soon as the water gets hot, up it comes, and you will get no results from your medication. Small pieces of ice will relieve the intense thirst, and help of itself to check the vomiting.

In active hemorrhage from any source this remedy is useful. In hemoptysis it usually acts well. In irritation of the mucous membranes of the respiratory tract, this remedy is the first that we think of. If much fever accompanies the attack, aconite is exhibited with much good. The opaque mucus is the keynote in these troubles. Pneumonia, bronchitis, colds, diarrhea, dysentery—all are benefited by the use of this drug, provided we have the indications.

Specific Indications.—The keynote of this drug is *irritation.* Elongated, pointed tongue, with reddened tip and edges, nausea and vomiting, with clean, slick tongue; pain in the stomach, with white line around the mouth with thinning of tissues; acid eructations; dry, explosive, frequent cough, with scant expectoration; hypersecretion in the bronchioles; opaque secretions from any mucous membrane.

In combination with other drugs, this remedy forms many excellent compounds. Dover's powder is composed as follows: Ipecac, opium, aa 1 part; milk sugar, 8 parts. Beach's diaphoretic powder is: Opium, grs. x; ipecac, grs. xx; camphor, grs. xl; potassium bitartrate, grs. clx. Emetic powder or compound lobelia powder is: Lobelia, dr. vi; blood root and skunk cabbage, aa dr. iii; ipecac, dr. iv, and capsicum, dr. i.

I want especially to speak of a personal experience with this drug. Last fall I developed a dry, explosive cough. This was exactly similar to that cough produced by pressure upon the trachea just in the supra-sternal notch. There seemed to be a rising pressure in the chest that would almost choke me. The cough would relieve some, and in a few minutes the same performance would be repeated. Five drops of Lloyd's ipecac in half-glass of water, a teaspoonful every five minutes for three doses, stopped it. Next night the same thing occurred, with the same gratifying results. Then I fixed up the alcoholic solution and moistened homeopathic disks and took them for two

days, with the result of curing it completely. This spring the same kind of a cough returned. Ipecac promptly cured it again.

A CHOSEN SUBJECT, "THE PRACTICE OF MEDICINE."

E. Mather, M.D., Detroit, Mich.

The practice of medicine! What a grand subject! How insignificant, when he comes to consider this most important and responsible of human occupations, a grand and noble profession! When we contemplate the multiplicity of diseases to which man is liable, which may doom him to a life of protracted misery and distress, or take him away very suddenly and unexpectedly in the enjoyment of health, happiness, and in the midst of his usefulness, we must admire the mercies of a Divine Providence who gave us medicine to counteract these terrible effects. But, though Providence has given us all these useful agents, they would be utterly worthless to us were it not for the continued and untiring efforts of great and good men, who studiously strive to ascertain the properties and qualities of each agent, and where, how and when they should be applied or given. Now this art, rising important above all others, has kept pace with the progress of intellectual improvement, commanding the very highest respect and encouragement of all enlightened people. For it is hardly possible to conceive a more noble character, or a more valuable acquisition to the knowledge of society, than a good and amiable practitioner of medicine, one whose broad mind has been expanded and developed by the magnificent accomplishments in his profession and the grand attainments of science, the harder disposition of his heart mellowed by the continual exercise of benevolence toward the afflicted objects of his care. Yes, it is these men who are physicians, and it is such as these that have brought the practice of medicine up to the high standard it holds in the world to-day.

It is very strange that so little public curiosity prevails in regard to the practice of medicine, especially when we see the public mind so very actively alive to subjects of far less importance. Medicine is the digest of the human knowledge; it is the great reservoir into which every stream of science pours its tribute, and in turn spreads its fertilizing matter over every field, and brings forth ripe and abundant harvest.

What can be more interesting than investigation of these magnificent medical organizations, and what more important than acquiring a knowledge of their preservation? And what can there be more pleasant and profitable than to investigate the medical plants, with their beautiful flowers of our own country, whereby we may relieve those painful maladies which assail the human structure? He who is to have a thorough knowledge of the practice of medicine must be up and doing, study his case and remedy.

The successful practitioner of medicine to-day must not permit exclusive dogmas to control his judgment, either in theory or practice. He must studiously avoid extremes in any direction; he must choose from the broad

field before him these things which are naturally the best and the experience of others, but his own experience proves to him to be the most successful.

There can be no particular law by which all medicines shall act, but each medicine must act according to its own peculiar law. Such action it is for the members of the American Eclectic Materia Medica Society duty to study and understand, and then he is capable of prescribing a remedy when there is some especial pathological indication calling for it, for if we do not understand them we have no right to prescribe them. For it is impossible, in the short life we are allotted here, for any man to master all the different branches and the intricacies of a profession so immeasurable, and upon which there are so many diverse opinions. As a consequence of this, the American Eclectic Materia Medica Society is now becoming popular both with general practitioner and the specialists, for nothing could ever be more beneficial to both and to the practice of medicine in general than this method of adopting the exchanges. It matters not what may be said in regard to this system of study, it is very successful in the practice of treating disease and finding the remedy.

If I were sick and in need of a physician, the party should not weigh an instant upon my mind, and should have nothing to do with my choice. I should send for one whom I knew to be a man of good moral integrity, one who attended strictly to his own affairs, and allowed others to do the same; one who dabbled not in politics, and who showed himself by his daily life to be a kind, sober, generous and trustworthy man. In such a man's hands, I care not what physician he may be or where he graduated from, I should feel that everything would be done for me that could be done. A physician is an example in society, and as such should hold himself.

The Eclectic system bids fair to become the system in medicine. They take the good of all systems and discard the bad. They intrude upon none, and all they ask is to be let alone, and be permitted to stand on their own merits. The Eclectic practice of medicine has proven a grand success, and will wear the laurels.

THE GENERAL PRACTITIONER AND THE EYE.

W. N. Mundy, M.D., Forest, O.

Many and rapid have been the changes which have occurred in medical education since the writer commenced practicing his profession. In my student days, reading with a preceptor and two terms in a medical college were thought to be sufficient to make one a physician. In those days none studied physical diagnosis nor diseases of the eye and ear in his general course. These were reserved for the specialist or would-be specialist, and cost from $15 to $25 each. As we were usually poor, but few took advantage of the opportunities presented. Now, all must attain some degree of proficiency in these, as well as in all lines pertaining to our profession. In the ideal or suggestive course, outlined by that august body which would essay to control everything pertaining to medical education, 140 hours is supposed to be

devoted to teaching the head specialties, which includes eye, ear, nose and throat. This is not supposed to make specialists, but to give each physician a working knowledge of the more common diseases of these organs, and to enable him to recognize more grave conditions, so that the aid of the specialist might be invoked before the condition is past relief.

There are some conditions that the general practitioner is called upon to treat, and some others that should be recognized by him, though he may not be able to treat them, and still others that are a material aid to him for their diagnostic value and which call for some knowledge of the use of the ophthalmoscope. These statements apply with especial force to the country physician, who is so often thrown upon his own resources, and who is often far removed from the advice of the specialist.

Among the external diseases more commonly falling to his care are the various forms of conjunctivitis and iritis. A simple catarrhal conjunctivitis causes no uneasiness and is soon cured, but the phlyctenular forms frequently cause much uneasiness and trouble for both physician and patient. Granular conjunctivitis is not of frequent occurrence in the section in which I reside, and when seen is not of a very severe type. The relegating of bluestone and other caustics into oblivion has also caused the disappearance of those cases of chronic conjunctivitis, where mucous membrane had been cauterized until all semblance of mucous membrane had been replaced by cicatricial tissue. The physician has learned that "haste makes waste," and that the wilful destruction of a normal tissue will not always cure a disease of that tissue.

Iritis occurs so frequently as the result of injuries or constitutional diseases that the physician must of necessity be competent to handle an ordinary case. Some of the more complicated ones will, forsooth, need the attention and skill of the specialist, yet if the physician has recognized the condition and applied his treatment with ordinary skill and understanding, no permanent injury will have occurred. Penetrating wounds and burns always demand judgment on his part, and we feel that it is here permanent injury may result from delay in seeking the advice of one more skilled. The first aid comes from the physician, and no matter how well and skillful it may be, unless care is exercised the changes frequently come so insidiously that damage has been done before we are aware of it. Such a case was recently brought to me for consultation, the result of a penetrating wound. Irido-cyclitis and sympathetic ophthalmia had done their work before the case was seen, and gloomy indeed was the outlook for the young girl.

I had almost forgotten to speak of the disease which of all concerns the physician most. I mean ophthalmia neonatorum. Just at present it is attracting attention by reason of the attempt to prevent its results by means of legislative enactment. Its dire results have been known for years. So has its prevention. Why this present wave of righteous activity, I do not know. It is a step in the right direction tardily taken. Personally, we have been exceedingly fortunate in this direction, and we lay it not to superior knowledge nor to a resort to Credés method, but to cleanliness or care in the toilet of

the eyes of the new-born infant. A portion of our good fortune may also be due to the character of our patients, our clientèle being American born, and usually farmers' families in comfortable circumstances. So fortunate, indeed, has been our experience, not a single case having occurred in our practice, that we have come to believe that cleanliness and a resort to a boracic acid wash on the first appearance of pus, sufficiently often to keep it free from pus, is a sufficient preventative.

Another condition with which we should become familiar, and which is not so easy to distinguish, is glaucoma. This is particularly of interest owing to the disastrous results from its neglect or due to a failure of recognition. I should say, also, it is not always easy to recognize it early, when prompt relief follows an operation. We have been so unfortunate as to see a few cases terminate with sad results even when the aid of the specialist was invoked early. So latent and insidious was its progress that a positive recognition was well-nigh impossible until a favorable result was past. The pain, haziness of cornea, shallow anterior chamber and cupping of disk, is not always easy of recognition. The radical diminution of vision can only be determined by a systematic recording of cases.

The general practitioner should have a working knowledge of the use of the ophthalmoscope to assist him in diagnosis. To illustrate: Some few years ago a gentleman was brought to my office on account of a partial loss of vision. There were also gastric symptoms. Ophthalmoscopic examination to ascertain, if possible, the reason for the partial loss of vision revealed an albuminous retinitis. An examination of the urine confirmed the diagnosis, which established, explained the gastric symptoms as well. Only recently I was called in consultation to see a boy, to explain a partial loss of vision accompanied by sensory and motor symptoms. The use of the ophthalmoscope revealed "choked disks," and led to the diagnosis of a brain tumor involving both tracts of the chiasm. An operation was attempted, but no tumor found. A subsequent post-mortem revealed the tumor pressing upon the optic tracts. It is needless, and would only be a repetition, to recite the many obscure conditions that the ophtholmoscope assists us in unraveling. It does not require a specialist to use it in the manner suggested, but does require its proper use, or its use understandingly.

Medical education is progressing by leaps and bounds. Exact methods in diagnosis are now required. With these, we as Eclectics should be and are familiar. We teach them, and we possess, in addition, that which many others we might mention do not possess nor teach, "exact medication," which is as applicable to the eye as to the other organs of the body.

Nux is one of our best remedies to overcome impaired digestion and sluggishness of the bowels which so often accompanies eye disturbances. Chronic eye diseases, with an atonic state of the system and general debility, will be improved by nux.—*Medical Summary.*

A GRANULATING APPLICATION.

Lee Strouse, M.D., Covington, Ky.

I have seen in the current journals and hospital reports that physicians often experience trouble in having raw and denuded surfaces to heal, where skin grafting has been resorted to. Failures attend the best of treatment, where the skin has been removed by injury or otherwise, burns seemingly causing the most trouble. I have just dismissed the following case. A Miss R., thirty-two years old, working in a shoe factory, had to clean a pint cement can, the cement being used between the first and second soles in the making of shoes. The cement is very inflammable, and she was careless in handling it. She was standing near a stove when the cement caught fire, burning both hands and arms to the elbows, to the second and third degrees.

The skin came off from the elbows to the finger tips, not so much in the palmar surface, on account of the thickness of the skin. Some of the muscles and tendons sloughed. During the sloughing I used white vaseline and cotton, keeping the pus cleared with peroxide hydrogen at all times. Then I began the use of "black oil," which is made as follows: Mercury by weight, one ounce; nitric acid C. P., one ounce. Add these together in an open earthenware jar, out in the open air, as it is liable to explode, and let stand until done cutting; then add spike oil and British oil, of each two ounces, stir well and let stand for fourteen hours; then add spirits of turpentine, two ounces. Stir it thoroughly. Then add of each, spike oil and British oil, two ounces. Mix all thoroughly, and it is ready for use. Apply two or three times a day with a camel's-hair brush. Leave it bare for fifteen minutes, then apply a soft cloth for a dressing. If it smarts and stings too severely, apply a thin coat of vaseline and cotton. After a time the cotton and vaseline can be dispensed with. Keep the pus cleared with the peroxide of hydrogen. No soap or water.

In the city where I live there is a cotton mill and a dye works, both under my professional care, and they have a number of burns as well as other injuries during the year. For the past fifteen years I have been following the above treatment in such cases with the best of success, not a single disappointment. Where there are exuberant granulations they vanish with three or four applications, or, say, about forty-eight hours. It was about a month in the above case until she was using her hands again. Less severe burns heal more rapidly. The new-formed skin is tender at first, but gradually assumes its natural appearance. This treatment has so far never disappointed me.

DISCUSSION.

Dr. Swalm (Chicago): I can't quite see why the author of this paper determines in his mind that it is a clear case of granulation. That is the one stumbling-block as touching my comprehension. And I have one other question to ask: What did you do to prevent the contraction of the adjoining tissue, in the use of peroxide? In my practice I would not dare to use it without washing thoroughly afterwards with sterilized water. These two points I would like to have the doctor consider in his answer.

Dr. Strouse (closing remarks): I have never had to use sterilized water following peroxide, and have never seen it do the least particle of harm in normal flesh. With the material I speak of you don't need to wash the sore. Keep water away from burns.

THE PHYSICIAN SHOULD BE HIS OWN SURGEON.

J. E. Callaway, M.D., Chillicothe, Mo.

You may call me a back number, an old fogy, or say Callaway is not up-to-date. Be that as it may, it always makes me tired to hear a well-read, well-posted doctor say that he has on hand a very severe case of tonsillitis—pus formation—and he called a surgeon to operate. Now, he should have been his own surgeon. He should have said to those interested in the case, "I shall have to puncture a pus sac in this boy's throat, to relieve his dyspnea and distress. It is easily done." Your patrons would have had more confidence in your ability as a doctor. He naturally does in one who does a thing himself when the emergency of the case demands it.

Forty years ago I was treating a wealthy farmer for strangulated hernia. I had resorted to all the usual means known to the medical profession to reduce a non-reducible hernia, and had signally failed. I informed the man and his family there could be no relief without an operation. A council among intimate friends and neighbors suggested calling a council of doctors. A runner was sent ten miles to a county seat. Two noted doctors came, one a surgeon, the other a doctor only. After a thorough examination and consultation, the two doctors from the capital of the county said the man would die. I proposed an operation to relieve the strangulation. They demurred; said no use, the man must die, and that very soon. This decision was announced to the patient and family, and, as a sensible man he said to me, "Dr. Callaway, what do you say?" My reply was, "Mr. Drake, there's a chance that an operation may save your life; otherwise you must die." He said, "Did you ever operate on a case of this kind?" I said, "No." He then asked if I could do the operation. I said, "Yes, with some doctor who has grit sufficient to stand by and aid me." I sent for Dr. Scott, of Ravenna, Mo., who came and brought a half-pound of chloroform. While awaiting his coming I gave the patient sufficient enemas of mild carbolized warm water to evacuate the descending colon, and also emptied the bladder. By this time my aid arrived. I told him what I wanted. We gave the chloroform until the patient was profoundly under its influence, scrubbed the abdomen with hot soapsuds; wiped dry, then applied alcohol freely over the site to be opened. Now, with a firm hand and a sharp knife, I cut through muscular tissues, using mostly a blunt-pointed scalpel. After going through the tougher integuments into the abdominal cavity, carefully went through the soft tissues immediately above the inguinal ring, with my left finger as a guide, and a sharp blunt-pointed knife in my then good right hand, enlarged the inguinal ring sufficiently to enable me with thumb and finger to grasp

the gut and lift it gently from its scrotal bed it had pre-empted. We found the protruding gut dark and congested, with a black scrotum. Gently washed the gut and placed it in its normal place, and with a pair of sharp scissors trimmed the edges of ring, brought them together with fine catgut sutures, closed the ring, and now with a fine surgeon's needle and silk thread closed up the wound, placing a small drainage-tube in it. The wound was covered, as well as the surrounding tissues, with a 10 per cent. solution of carbolic acid; redressed twice a day the same way for ten days. When our patient came from under the influence of the anesthetic he looked around and asked what in the devil we were waiting for, why don't you operate and be done with it? We informed him the operation had been performed, and that if he would be good for ten days he could be up and about the house. He did so and was highly pleased with results. His hernia never troubled him afterward. He died in Texas twenty-five years after this operation.

I had never undertaken a surgical case of such magnitude before, but this was a case of emergency, and I felt able to do the job, and I did. That was forty years ago, and I have never tried to be a big surgeon either, *but can do things when I have to.* Since that time I have always, in cases of emergency, rolled up my sleeves and taken hold of anything that was necessary to be done. I have performed a few major operations and many minor ones. The last case of any magnitude that occurred in my practice was as follows: November, 1908, Prof. M., of our city normal school, consulted me about his wife. He stated there appeared to be a wrong with her reproductive organs; that there appeared to be something protruding from the vagina; that there was a brown-colored discharge that was somewhat offensive, and asked me to give or prescribe something for her. I told him it would be necessary for me to make an examination to enable me to determine the nature of the case. He replied that he would consult his wife and communicate to her what I had said. He came again next day, said his wife was forty years of age, had always been healthy in every respect. She was strong apparently. Had been married ten years, and never pregnant; menses always regular and attended with no pain, and she did not want to submit to an examination, and from her standpoint did not deem it necessary. I absolutely refused to prescribe for the case unless I first made the necessary examination. He again reported to his wife our conversation; so next day he accompanied his wife to my office. She still demurred as to an examination, but finally submitted. Placed her on the operating chair, got her in proper position, introduced a small-sized vaginal speculum. But before doing so I noticed something protruding from the vagina. The examination showed plainly that the growth came from the internal portion of the uterine cavity, and that this polypoid growth extended to the fundus of the womb.

With absorbent cotton wet in a solution of echinacea, I mopped the parts clean, injected hypodermically a local anesthetic, applied the vulsellum forceps and drew the womb down as low as possible. Then, with a small, well-curved vulsellum forceps, grasped the polypoid growth as far into the uterine

cavity as I could, and with gentle traction pulled the polyp out as far as possible, then, with a well-curved pair of scissors, clipped it off. The uterus was packed with a full strength sp. thuja on absorbent cotton, then with a 50 per cent. solution thuja on cotton packed the vagina. Our patient was conveyed home, half a mile, in a well-cushioned cab. This treatment was continued for four weeks, when patient was discharged cured.

Specific thuja will do the work when applied full-strength in cases of like character, and is the remedy for goitre and hemorrhoids. Gentlemen, you will find your patrons and the public generally will applaud the doctor who is capable, willing and able to meet emergencies as they may present themselves to him from time to time.

HOW ABOUT FADS?

O. C. Baird, M.D., Chanute, Kansas.

The medical man is to-day face to face with a condition which to a less intensely earnest, busy, resourceful, profoundly devoted class of men might induce in us faint-heartedness. However, we will not yet run up the white flag and say, "Alas! for medicine there no place remaineth." We *will* say that a profounder investigation of the remedies at our command, more painstaking care in the prescription of our remedies, the eradication of unpleasant and nauseous remedies, a relentless war upon the proprietary and deleterious substances, which so often are prescribed by branches of the medical profession, will right conditions, and that only.

What do I mean? I mean this: There is a wave of false doctrines, erroneous ideas, fads, grafts, which are being placed before the people as substitutes for medical methods, not only for the relief of pain, but absolutely cure-alls. They lay stress upon the fact that no medicine is to be taken; that it is fashionable, if not economical, to go to the osteopath, to the light doctor, the Emmanuel Movement man, the Christian Scientist, the holiness or the magnetic healer.

For what do they go? Principally to spend their money. They are drawn and continued, in very many cases, by hypnotic influence, until they awake to the fact that they are spending much money and getting no permanent benefit, except they have an imaginary trouble, then an imaginary relief is good. That there is nothing in them, we cannot say, for each and all are based upon a certain principle familiar to us all, and used more or less in conjunction with other means by us all. For who are there among us who do not use osteopathy in some form, as vibration, massage and deep manipulation? Or who of us do not believe in the effects of light for diseases of the skin, the changing of the same for soothing an irritable nervous system, or the suggestion of the mind over matter? We also use our personal magnetism with every patient with whom we come in contact. We even apply the principle in handling nervous women and children. And it is my opinion that the physician in the future who has not a working

knowledge of all these means will not be the thoroughly-equipped physician of the day. If each or any of these small fractions of medical practice and principle will yield results as many think, then, indeed, how great would be the result if applied as a whole?

A man who is too small mentally and financially to master the whole work, pinches off a little pinch and works his fake and his rabbit-foot to a finish. He has everything coming his way all over. The multitude is healed, the lame walk, the blind see, and those who have never talked now never cease talking of the wonderful cures of this wonderful doctor. But it is a long way that never ends. Their business is rushing, everybody going their way. Finally there is quiet, then a comparative rest, then the laity realizes that these gods cannot cure everything as by magic. If the laity could discern their object and intent, and that a very large degree of the success of such is imaginary, that there are very few diseases indeed that are really healed, cured and eradicated permanently from the system by these methods, then they will come to their senses, and our faker moves on to the next town, where he repeats the performance.

Again the people return to their family physician. He is the most forgiving and long-suffering of all men. He is the representative of the noblest, broadest, most unselfish of all professions. He is glad to see them, as one would be glad to see his old friends. He resents, however, this manifestation of lack of faith to counsel him on matters physical. The above-described is a paroxysm of the social world which spreads at intervals throughout civilization, and has been doing so for centuries, ebbing and flowing, returning each time to its original status. Each time, however, a higher standard of purity, a higher degree of pleasantness, more exactness in the art of prescribing, is demanded than before. With this history behind us, we have nothing to fear in the future. What is the cause? The causes enumerated are the greatest. Who of us is not in a measure to blame for this condition? In addition, I would say, as causes for this condition, the consigning of medical cases to surgery, which is a mistake, and success will never attend such procedure, and results will not be had.

This also entails great expense upon the patient. We in many cases treat chronic diseases otherwise than systematically and specifically. We treat, maybe, rheumatism for months, chronic malaria for months, chronic liver trouble for months, or chronic constipation, without carefully studying the symptoms and cause in the case, which attention might enable us to relieve promptly.

Maybe you have spoken of the action of drugs in a slighting and faithless manner before your patients. You have given the impression that there are many diseases that need no medicine, when probably it is your dullness and ignorance in failing to see indications for remedies. If properly prescribed, there are few morbid conditions which cannot be benefited by medicine. With a materia medica so broad, so inexhaustible, so rich in variety of drugs, so thoroughly developed in their application to conditions, surely one should not want for the proper remedy in any condition.

In the case of typhoid fever, for instance, it is no exception of our brothers in the profession to treat such cases with a half-dozen strong doses of medicine in the initial stage of the disease, then withdrawing all medication and relying wholly upon the bath and the microscope for the balance of the treatment. I confess in such proceedings that the treatment is better omitted, especially the medicine. Harsh treatment, unpleasant measures and senseless restrictions, in this age of intelligence and progression on the part of the laity, will not be countenanced in a physician.

What, then, shall I prescribe as a remedy for this condition? The prescription shall be nothing new. It is only this: The untiring, painstaking research of our medicinal substances, plus a study of the individual remedy, and specific medication as laid down by our leaders; striving to make the practice of medicine an exact science, a prompt relief, as pleasant a system of medication as it may be without sacrificing virtue. Have faith in medicine. If you have no such faith, study for more light; then fadism will have no terrors for the medical man.

FIFTY-SEVEN YEARS' EXPERIENCE WITH TYPHOID FEVER.

J. R. Borland, M.D., Franklin, Pa.

When we go back, we find that typhoid fever, under various names, has prevailed in this country for an indefinite period.

Eberle (1831) called it *typhous* or continued fever, to distinguish it from *typhus;* Maxon (1861), *enteric continued fever;* and Prof. Wood, *enteric fever.* Observe the *ous* (of or like), then *oid* in typh*oid.*

Of its causes but little was known. Some writers believed the disease was caused by *koino-miamsata* (malaria), from decaying vegetable matter being diffused in the atmosphere (*paludal poison*); others, that it was caused by *idio-miasmata,* or animal effluvia, pervading the air of certain localities. As there seemed to be a difference in the results of the two ascribed causes, it was decided that the first (*koino-miasmata*) developed the intermittent type, and the *second* the remittent type of the disease. The definition of Prof. Wood seems to me the best, as it expresses or defines the pathological condition—the involvement of the intestines, Peyer's glands, etc.

When I commenced practice in 1851 nothing was known of the coccus of Leibnitz or Ebert's rods. The typhoid bacillus had not visibly materialized. It was believed that a poison was generated in the system, a what we now call auto-intoxication. However, as to the cause, whether it came from without or was engendered within the body, we were in the dark.

The discovery in the early seventies of pathogenic germs, and the germ theory developed thereby, led to the discovery of the cause (the typhoid bacillus), and we had one good leg—the pathology of the disease—to stand on; and the other leg was found in the treatment adapted to keep out the intruders by proper sanitary measures, and, should they secure lodgment in the body, to kill and drive them out by the use of germicides, antiseptics, etc.

Hence the uncertainties which met us in the treatment of the disease in former years no longer exist. So far as its pathology is concerned, *we know where we are at.*

Some description of the treatment in those early days may be interesting to the reader, also as showing its evolution. Orthodox physicians followed the treatment advocated by Eberle, Dunglison and others, which consisted in the use of calomel, comp. pow. jalap, saline laxatives, James' or Dover's powder, spts. nit. dulc., tart. antimony, carb. ammonia, the mineral acids, spts. mindererus, ablutions, counter-irritants, blisters, etc. It was no doubt an improvement upon that of former years, but the indiscriminate use of the mercurials often entailed bad results which continued through life.

The Botanics of early days claimed to have better results in the treatment of the disease than the Regulars, and not without reason, as their remedies were mostly the decoctions of the indigenous remedies, milder in action than those used by the Regular school, and were not followed by dire sequelæ to vex the after-life.

Along in the fifties the Eclectics loomed up as an improvement upon the Botanic therapeutics. They followed the treatment of Beach, I. G. Jones, Paine and Scudder, which consisted in the use of concentrated powders, triturates and tinctures obtained from vegetable sources.

In the spring of 1852 it was my luck to run up against several typhoid cases, and I adopted the treatment used by my preceptor, about as follows: First, when called early, a cathartic of antibilious physic, to which, if there was indication for acids, cream of tartar was added; if for alkalies, a neutralizing mixture (comp. pow. of rhei et pot.) was added instead, to correct as well as possible the chemical condition of the stomach, which, as I viewed it, was an important matter. This was followed by powders composed of powd. ext. of cinchona (quinine had not come into vogue) and Dover's powder, one every three or four hours; a teaspoonful of spts. nit. dulc. in alternation. To promote diaphoresis, spts. of mindererus was given. To promote diuresis, an infusion of juniper berries, buchu and acetate of potassium was given. To reduce temperature and fever (the clinical thermometer had not come into use), frequent spongings with soda water, to which whisky was added, was employed. If sympfoms of brain involvement developed, sinapisms were applied to the nape of the neck, along the spine and to the extremities, the head kept constantly wet with a lotion of water and whisky, to which salt or muriate of ammonium was added.

In 1853 I had a case of typhoid in which a persistent diarrhea was a troublesome complication. Dr. J. W. Wallace, of New Castle, Pa., was called in consultation. He was a gentlemen of the first water, and one of the best diagnosticians I ever knew. In this case he prescribed a solution of nit. silver for the diarrhea, powders of hyd. cum. creta, Dover's and quinine (which had just come into use). In this case the diarrhea was easily controlled. To control fever, frequent spongings, as above, were employed. At that time we did not have the sedatives, as verat. vir., aconite, gelsemium, belladonna, etc.

Dr. Wallace was always looking for brain troubles, which often occurred in typhoid, and when congestion of the base of the brain loomed up, the head was shaved from the occipital protuberance down to the nape of the neck. A plaster of cantharides cerate was applied, to be left on till the skin was as well reddened as a mustard plaster would do, which would take from three to four hours, when the plaster was removed and a poultice of bread and milk applied. At the end of four hours it was removed, the blebs opened, and the skin left intact. A fresh poultice was then applied and the blisters opened as before, until four poultices had been applied and removed in sixteen hours; then the part was dressed three or four times a day with a cloth spread with simple cerate or castor oil, until well. This method of blistering is less painful and more permanent in results than counter-irritation with mustard.

Within a few hours after the application of the blister plaster, the patient would come out of the stupor, with a mind more clear and a more intelligent facial expression, and his convalescence dated from that time. I have employed blisters hundreds of times, not only in typhoid but in other cases of brain congestion, with marked benefit; and if I ever erred in their application it was because they were not applied early enough, while the golden opportunity was in hand; for I verily believe many persons might have been saved incarceration in the insane asylum had blisters been timely and properly applied. Applied to the nape of the neck only gives but little benefit.

During the seventies, the germ theory was elucidated and a scientific basis thereby found, upon which is being builded a *rational* and *specific* therapeutics—the dark places in diagnosis have been lifted. The progress in this direction during the last two decades has indeed been wonderful.

It is now known that the typhoid germ may be conveyed into the system by water and milk. Many illustrations are given, only four of which need be quoted. Some twenty years ago, a very severe epidemic occurred at Plymouth, Pa., which was traced to the dejections from a typhoid patient, emptied on the snow, by the side of a small stream. When the snow melted the germs were carried into the city reservoir. Hundreds of the people were stricken and many deaths occurred. Those who did not use the city water escaped. During the winter of 1893-4, Butler, Pa., suffered a serious epidemic, with several fatalities, which was traced to the contamination of city water, under like circumstances. Oil City, eight miles above us, has had some three outbreaks of typhoid in the last few years, attributed to river water. Some six years ago Titusville, a neighboring town, had an outbreak, with three deaths, which was traced to milk furnished by one dairyman. Those using that milk were the only ones attacked. Twenty-two years ago we had an outbreak here, caused by surface water seeping, during a thaw, into a small reservoir, which supplied about ten families. One person died and I attended some ten cases, all of which recovered. None were attacked except those using that water.

I treated my cases about as follows: First a mild cathartic followed by fluid cit. magnesia. For the fever gave verat. vir., gelsemium, aconite or

belladonna as indicated. As an antiperiodic, ℞ quin. sulf. gr. 20; ferri prussiate, gr. 5; Dover's powder, gr. 30. M. Div. in chart No. 10. Sig.—One at 7 and 10 A.M. The fever mixture was suspended during the forenoon, resumed upon the accession of the fever, which was usually about midday, and continued till it subsided, along in the night. After the fever and periodicity was controlled and temperature became normal, the powders and sedatives were dropped and a restorative treatment was adopted; tr. nux and hydrastis being the main medicines. If stimulants were indicated, good French brandy was made up with sweetened water and enough brandy added to make it taste like sling. Of this a tablespoonful was given every one, two or three hours as required. If nerves needed toning, the elixir of valerianate of ammonia or valerianate of zinc was given. If the tongue became red and smooth, the tr. chloride of iron as follows: Sweeten a tumbler of water and add enough of the tincture to make it pleasantly sour. Dose, a dessert spoonful every two to four hours. Acid drinks—lemonade, dilute muriatic acid added to fresh water, make acceptable drinks, and should be given in small quantities. But during the stage of high temperature and fever nothing is more acceptable than fresh cold, or ice water. *It fills the aching void as nothing else can.* This I know from personal experience, having had the disease forty-five years ago.

For the persistent diarrhea the following is about the best remedy I have found: ℞ Crys. argenti nit. powd., gr. 4; powd. opium, gr. 12; moistened bread crumbs, q.s. M. ft. mass., div. in pill No. 12. Sig.—One every two, three or four hours, as required, till diarrhea is controlled; then less frequently.

Salol 5 gr. and bismuth sub. nit. 5 to 10 gr. is a very good remedy. A powder of this size once in three or four hours.

I have often used, to lower temperature, powders of phenacetin, salol and Dover's, with excellent results. Have also used sodium sulph. carb., zinc sulph. carb., listerine and hydrogen peroxide; and, as heart bracers, which are often required, nux vom., cactus, and the nerve tonics before mentioned, with plenty of brandy sling. *Whisky is no good.*

Have said nothing in regard to the diagnosis, as it did not seem necessary. Tenderness in right iliac fossa (the region of Peyer's glands), rose-colored eruptions—"lenticular elevations like flea-bites, the color of which recedes on pressure," and which first appear on the abdomen, *are diagnostic characteristics of the disease,* and differ from the sudamina which consists of small watery vesicles found in other fevers. The expectant treatment pursued in some hospitals is, I think, a mistake, although undoubtedly better with good nursing, than improper medication. In these days, if called early in the attack, we should be able to cut short—*jugulate,* if you please to call it—the disease.

If persistent vomiting occurs, as it often does, the chemical condition of the stomach should be taken into consideration. If sour or acid matter is ejected, alkalies and absorbents should be administered, as bismuth, aromatic spirits ammonia, fluid citrate magnesia, etc. If the matter vomited is bilious,

as observed by the greenish color and bitter taste, a solution of common salt in vinegar and water, in small and oft-repeated doses, will often stop it. But the best thing I have found in bilious vomiting, not only in typhoid but in many other diseases, is a plus-acid mixture described in King's American Dispensatory as *white liquid physic,* given in small and oft-repeated doses. In tablespoonful doses, it will act as a cathartic. In small doses of half to a teaspoonful, three or four times a day, it will cure bilious diarrhea.

It is an old adage, probably as true in typhoid as in any other: "Remove the cause and the effects will cease." If the disease is caused by germs, if germicides will destroy them; if the germs can be destroyed, temperature and fever controlled, *no toxines* or but few *should be engendered,* and *the effects should cease or be nil.* That typhoid fever can be cut short—that it need not run from three to six or more weeks, if environments are good and proper treatment employed—I sincerely believe. In no disease is evolution evinced more plainly during the last fifty years than in the treatment of typhoid fever and typhoid conditions, owing more to bacteriological development than to anything else.

WHY I AM AN ECLECTIC.

GRACE KIRKLAND, M.D., ATLANTA, GA.

Because the Eclectic school of medicine has always thrown its advantages open to women upon the same terms as to men students. Considering the fact that women have had a long fight for equality of education in all schools, and that this remains particularly hard in respect to professional training, the steady attitude of the Eclectic faculties is one which should be recognized by the enthusiastic support of women who aspire to become doctors.

Because the Eclectics are, in every other particular, broad and progressive, in the study of medicine; and ethical in the true sense in the practice thereof.

Because they preach and practice that permanent popularity must be won on its own merits, and not upon jealousy and criticism of those who differ with them.

Because, above all things, the Eclectics seek the TRUTH, holding to that and rejecting the erroneous "fads" which from time to time pass over the world like a veritable epidemic.

Because the Eclectic stands for that which is rational, reasonable and constructive in medicine and in surgery.

Because the Eclectic school has refused to make of the surgeon the aristocrat of the profession, but holds in higher esteem the physician who can eliminate disease than the physician or surgeon who needlessly extirpates organs or irreparably mutilates organs.

Because the Eclectic works with an eye single to the good of the patient, and not for his own glory or riches.

Because suffering humanity needs, and cries out for that which is definite and scientifically adapted to the relief of its various ills.

Because the Eclectic considers that he, in being a "doctor," becomes morally obligated to his community to be a "healer." The doctor is presupposed to have full knowledge of all the branches requisite for an understanding of his work, but that these branches of anatomy, chemistry, physiology, bacteriology, histology, microscopy, urinalysis and so forth, are foundations for his afterwork. Indispensable to himself, just as necessary tools are indispensable to a carpenter, but means, instead of ends, in themselves. The well person does not seek medical advice as a pastime, or to glean a smattering of medical lore from his doctor, and assuredly the sick person does not. He assumes, and of right may expect, that the physician whom he honors with his confidence, is competent to make physical examinations and draw rational conclusions therefrom as to his particular deviation from health, but what he wants—is relief. This, the Eclectic school is equipped to do through a thorough understanding of specific remedial agents.

Nature and not man founded specific medication, and in all things Nature may be trusted so long as man-made perversions do not intervene. The sick animal has instincts which lead him to do those things and take those remedies which will relieve, and these are found either in the vegetable kingdom or in the harmless minerals. The "salt lick" is sought by the deer, grass by the dog who requires an emetic, etc. And the Eclectics, who know that certain drugs will surely relieve certain conditions, associate their diagnosis and treatment so naturally together that their handling of disease becomes a matter of mathematical exactitude; or, to use a psychological term, it in time enters the realm of the subconscious mind. The Eclectic does not harass the patient by successive vain attempts to find the right medicine, or try to arrive at something suited to the condition in a "shot-gun" prescription. He discerns certain symptoms that for all time, and in all races and peoples, have been evidences of disease; and he applies to these conditions, these symptoms, remedies that will positively relieve them.

But, it has been said, "you treat *symptoms,* not *causes.*" The Eclectic believes that without certain causes he would not have certain symptoms; and, it is very safe to say, that when the symptoms disappear the cause has been eradicated. If any other school of medicine can treat disease without reference to symptoms, it would be interesting to know what species of patients they treat—certainly not human beings. The writer has studied in Allopathic schools and symptoms, subjective and objective, are assuredly indispensable; and surely they are in any legitimate system of healing. Even the Christian Scientist and the "mental-healer" and other so-called "healers" may deny causes, but they always are sought by patients for the purpose of being relieved of unpleasant symptoms, pain, headache, fever and the list.

If an individual had no symptom of disease, he would be very happily normal. Granted, then, that the sufferer has symptoms that the physician can refer to physical or mental disease, the paramount question is the application of remedial measures. These can only be medical or surgical, or both. The competent diagnostician alone can determine whether surgical intervention is necessary or desirable, and, if so, advise that the required operation be

done. The Eclectic in no wise disregards the value of surgery, but believes that it is the *dernier ressort*. Rational, specific medication will so often cure the patient without this resort, that it is given preference in his system; for to restore health is infinitely better than to do away with a part which can never be replaced. The victim of the surgeon's knife is often the victim of misdirected medical treatment. Aside from accident, what does surgery mean but that neglect, either due to the individual's refusal to be treated until too late or to improper treatment, has been long continued. Gall-stones, hemorrhoids, ovarian cysts, renal calculi, gastric ulcer (and cancer upon the site of such ulcer) goiter, hydrocele and enlarged, degenerated glands of different character, tumors and morbid growths, necrosis of bone, tuberculous joints, abscesses, aneurisms, phlebitic veins—the long sad list of conditions requiring the knife as a last resort—do not spring up in a day or a week. They are the ultimate results of long-continued medical neglect. The doctor is not at fault if the patient does not consult him until disease is so far advanced as to be incurable without drastic measures, but it *is* the fault of the doctor when he allows constipation, indigestion, malnutrition, syphilis, clogged emunctories, etc., to continue indefinitely, or under occasional, haphazard and ill-advised treatment, until what at first was a slight functional fault becomes an organic lesion, or produces a complete alteration from health to disease.

Specific medication can and will rationally correct every deviation from health, with a quickness and sureness marvelous to those unacquainted with its theory and application. And this, as well as preceding reasons, is why, in selecting medicine as a profession, I am an Eclectic.

THE NEW WOMAN VERSUS MATERNITY.

A. B. Young, M.D., Brownsville, Tenn.

You will pardon me for departing somewhat from the path-beaten subjects of medical society and journalistic work; for the subject which I have selected for my discourse to-day is not only one of vital importance to the medical world, but to the world universally—that is to say, sacredly or religiously, scientifically, politically and socially. And I shall say something in this discourse that may grate upon the delicate and sensitive sympathetic nervous system of any member of this association, or of that of any of our fair and lovable women who may be present, or of any who may hereafter by chance read this feeble article, then I want you to ponder well, and deal honestly with yourselves, and truly with this all-important subject of maternity.

I think it is a fact upon which we will all agree, that the woman of to-day, known as the new woman, is constitutionally and socially opposed to procreation and maternity. I believe as our honored and much-loved ex-President of these United States, the Hon. Theodore Roosevelt, believes upon this subject—that is to say, that the time has arrived for a great awakening

and reform along these lines, of our professional and society people, of both men and women. Then let us not forget that somewhat sidetracked scriptural command of the Almighty, "to multiply and replenish the earth." For let us remember that if the Anglo-Saxon race is to predominate, and if the greatest of all God-given professions, the Eclectic system of medicine, as well as that of all other professions and sciences, are to be perpetuated, that children must continue to be born.

Of all the married couples upon earth, of long standing, without children to love and cherish the memory of their names and the many good deeds which they may have done while upon earth, and to take their places in the affairs of the world, known as obstructors and violators of the laws and rules of nature and of our Creator, in their opposition to maternity and procreation—I say of all mortals should be the most miserable. It is useless for me to mention the methods and modes employed by these obstructionists in violating the laws of nature, for I am sure that the youngest member of this association, as well as nearly, if not all medical students, graduate in this line of thought first.

We, of course, recognize the fact that there are many childless married couples who are barren by nature, either upon the part of the husband or of that of the wife. However, many of these may be remedied by proper surgical or therapeutic treatment. You will pardon me for mentioning the names of a few of this class, who have long since gone the way of all the earth. First among these was the Father of his Country, the Honorable George Washington, first President of the United States, and his wife; and President James K. Polk and wife; and a very sad fact was that the two other Presidents, Jackson and Johnson, coming from our Volunteer State, my much-loved native State of Tennessee, all died childless. Then there was that greatest of all notable surgeons of his day, not only in the Eclectic school of medicine, but I dare say that a greater surgeon never lived than Dr. Andrew Jackson Howe, who died without ever having had a son or daughter to perpetuate the memory of his honored name. Now there are other distinguished married couples whom I might mention, of this country as well as of all other civilized countries of this globe, who died without sons or daughters of their own in their homes, to fill their places in the world of professions and sciences.

But there is another class of childless married couples to whom I wish to pay my respects and to direct your most grave and thoughtful attention, to whom I have partially alluded in this title heretofore. And I wish to say that out of this class of obstructionists and violators of this most sacred law of Almighty God, and which is so universally practiced in the world, should be of all people the most miserable, not only in this life, but in the life to come, and they should be so stung by remorse of conscience, that they should be made to fall prostrate at the foot of the cross, pleading for the mercy of Almighty God and the forgiveness of their sins of commission and omission. Now let us turn our attention to the remedy or remedies for the prevention and cure of this ungodly sin and evil. And while we

will all agree that this is a very perplexing and delicate question to hand out to the laity, still I must say that it is one which demands the attention not only of all medical men, but of the clergy, and also of all the good and true men and women of the world. And I must say, further, that as far as my feeble mind has been able to delve into this serious problem, I have been swallowed up in mystery. But I believe that much good and effectual work may be done by all medical practicians, by the inauguration of a systematic course of education of the people along these lines, and more especially of our women patrons and families, by showing them the evil of corrupting their souls, and the great evils to society and to the professions and sciences. Now any person or doctor who can get up or put forth a specific remedy for the prevention and cure of this gigantic evil, should be put upon an enduring pension by our great and good government of Uncle Sam's domain. I want to say further, that, if it cannot be prevented in any other way, then let us petition our United States Congress to pension all good and true mothers who raise large and respectable families.

To put at rest any thought of impropriety in regard to this paper, let us quote from the word of God: "Every wise woman buildeth her house; but the foolish plucketh it down with the folly of her head and hands." "Lo, children are an heritage of the Lord; and the fruit of the womb is his reward. As arrows are in the hand of a mighty man, so are children of the youth. Happy is the man that hath his quiver full of them; they shall not be ashamed, but they shall speak with the enemies in the gate." "Behold that thus shall the man be blest that feareth the Lord. For thou shalt eat of the labor of thine hands; happy shalt thou be, and it shall be well with thee. For thy wife shall be as a fruitful vine by the sides of thine house, and thy children like olive plants around about thy table." For further proof along this line, see Gen. xxxviii, especially verses 6 to 10. Then let us remember and return to the good old ways and rules of our honored forefathers, who reared large and distinguished families of sons and daughters, and set the world at awe, and made it possible for these distinguished families to revel in the prosperity of riches and in the pursuit of happiness.

AUTO-INTOXICATION.

J. R. Borland, M.D., Franklin, Pa.

It is but within a few years that much deserved attention has been given to this subject. Auto-intoxication—toxemia, as it has more recently been called—must be regarded rather as a condition than a disease, a functional ailment for want of proper action of some one or more vital organs. There can be no doubt that the large majority of cases originate from constipation of the bowels, while others originate for want of proper action of the liver or kidneys, which fail to eliminate the toxins.

There are but few diseases that do not owe their incipiency to the accumulation of toxins. Auto-intoxication means, of course, poisons generated

in the system—*self-poisoning.* It precedes the advent of 'most all acute and chronic ailments. It is "the shadow that goes before"—a veritable Pandora's box, from whence escape the many diseases which afflict humanity. Dr. Oliver, in preface to Bouchard's "Auto-Intoxication," says: "Bouchard deals with subjects of every-day interest to the medical practitioner. Many of the facts therein alluded to can no longer be ignored. Putrefactive processes in the intestinal canal, and the development of physiological and pathological alkaloids, play an important part in many diseased processes, until recently unknown or misunderstood." Oliver says: "Death frequently carries off, in a few hours or days, individuals who are in the prime of life and apparently in good health, and at whose post-mortem the most careful examination fails to reveal alterations of structure such as can explain the fatal stroke." He further says: "The one inevitable circumstance surrounding the development of ptomaines is the part played by bacteria. As ptomaines owe their origin to the activity of micro-organisms, it must follow that the alkaloid formed will depend upon the peculiar bacterium present, the nature of the material acted upon, and probably, too, upon the health of the individual in whose body the putrefactive processes are taking place. Bouchard, in his 'Auto-Intoxication,' clearly indicates to us that man is constantly standing, as it were, on the brink of a precipice; he is continually on the threshold of disease. Every moment of his life he runs the risk of being overpowered by poisons generated in his system." Bouchard further says: "If the causes are innumerable, you know that the processes following those which induce disease can be relegated to *four types.* These are (1) primary elementary dystrophies; (2) nerve reactions; (3) disturbances antecedent to nutrition, and (4) infection." After stating what he means in regard to the first three processes, he says: "Infection is the last of the four pathogenic processes. There are traces of this notion very far back in the past, but it has assumed form only within the last quarter of this (nineteenth) century. It is what we call, or it is what now particularly deserves to be called, contagium vivum. At the present time the living nature of contagious material is beyond all question."

Dr. A. B. Conklin, of Ambler, Pa., says:

"In all cases where toxic products formed in the intestinal canal are not converted by the liver into harmless products; in auto-toxemia from faulty metabolism, with impaired renal elimination; in the infectious diseases; in febrile diseases, and in all diseases marked by increased metabolism or the wasting of tissue, the fluids of the body, the blood and lymph especially, the circulating nitrogenous waste products of more or less toxicity, that are either the direct cause of disease or have an influence in shaping its severity."

I quote from Dr. Abbott, of Chicago, who says:

"By the operation of our vital functions we are incessantly producing certain toxins, which are formed in every cell of the body. Toxins are also generated in the alimentary canal, especially when feces are retained beyond the normal period in the large intestine, where they are beyond the disinfecting influence of the gastric juice and other digestive secretions. Other

toxins are contributed by the food and its decomposition products. We are saved from death, due to overwhelming quantities of these toxins, by the constant elimination going on by the skin, liver, lungs, kidneys and intestines. If the lungs cease to act, death comes in a few minutes. If the kidneys go on a strike, it is a matter of some hours—Bouchard gives the exact number. The importance of skin elimination was learned by accident, when a child who had been gilded died quickly of 'suffocation.' Total inhibition of hepatic or intestinal function is as surely fatal, though a longer period is necessary. To a certain degree impairment of the eliminating action of either of these emunctories is complemented by an increase in the action of others, but there are much closer limits to such vicarious action than most physicians realize, and it may be attended by special disadvantages, such as skin diseases, occasioned by the passage of morbid substances through the cutaneous tissues. Interstitial nephritis is usually attributable to the same cause. The principal source of these is the alimentary canal. When fecal matter is retained beyond the normal period in the large bowel, beyond the influence of the gastric juice, microbic action and toxic development progress beyond the normal degree, the fluid portions are absorbed, and with them the toxic products, and, circulating in the blood to every cell in the body, they thus make their impress thereon. This is manifested especially on the lowest points of vital resistance—structures weakened by previous disease or hampered by the presence of encumbering débris. Here we shall have the presence of a local disease, and the ever-present microorganisms will seize upon the opportunity to establish a colony there. It may be that the part has its resistance temporarily weakened by exposure to cold or wet, and the laity will truthfully say that the patient has 'taken cold.' We recognize, however, the local manifestations of a general systemic poisoning as the *locus resistentiae minoris.*"

Some of the diseases caused or accompanied by toxemia might be enumerated as follows: Cephalalgia, rheumatism, tonsillitis, catarrh, eczema in its diversified forms, urticaria, cholera infantum and other gastro-intestinal troubles, puerperal septicemia, Bright's disease, pneumonia, asthma, heart troubles, the various fevers, etc., etc. But why enumerate further? I could make out a list as long as my arm, and then it would not be complete.

Now, as to treatment. Of late years many remedies have come into prominence, some of which have proved of value. It should not be forgotten that the chief factor in the treatment is *elimination*—expunge the morbid matter from the system by such measures and remedies as will arouse the excretory powers of all the vital organs and glands.

It is best to divide the manifestations into the acute and chronic forms, as the acute will require a more prompt and energetic treatment than the chronic. Unless the patient should be in an apoplectic condition, in the throes of a convulsion or a failing heart, we may procede to clean out the intestinal tract by administering active cathartics, laxatives and rectal enemas. Among the active cathartics, antibilious physic and cream of tartar, with one or two grains of podophyllin; or castor oil, with two or three drops of croton oil, will do well. Of the salines, magnesia sulph. and the various laxative salts are all good remedies. The bowels having thus been thoroughly cleansed, we next proceed to kill the germs and neutralize and carry away the toxins with sulphocarbolate of lime, sodium and zinc, or

the W. A. intestinal antiseptic. Echinacea is a most valuable remedy in acute cases, also baptisia, phytolacca, stillingia and xanthoxylum are among our most potent remedies. The best remedy I have ever found in la grippe is kurchicine, not now obtainable; another is jaborandi. The nearest approach to kurchicine is tr. dita bark and fl. ex. jaborandi, one drachm of the latter to four ounces of the former. They act as diffusible stimulants. A teaspoonful every hour will cause free diaphoresis, and thus eliminate the morbid matter from the system.

It was not a bad idea of our foremothers to give the family a "cleaning-out" in the spring of the year, as I knew some of them to do. A cathartic, followed by a tea of sassafras or spicewood, to be taken at meals, instead of coffee, for a week or two, or root beer.

We know that phytolacca and aconite will abort mammitis and tonsillitis, if properly used.

In chronic toxemias, echinacea, phytolacca and xanthoxylum are important remedies. Keep the bowels open with salines. If a bilious condition attends, white liquid physic is a useful remedy; take a teaspoonful three or four times a day. If an acid condition is associated with the trouble, then give alkalies as neutralizing cordial, effervescing phosphate of soda, after meals. These last will relieve the accumulation of gas in the stomach.

Remember that elimination is the key that opens the door to a successful treatment of all toxemias. In regard to blood purifiers, they act only by elimination, and are all right in their place in chronic cases if long enough continued. In anemia, which is usually preceded by a toxic condition, besides a systemic purifier, iron, arsenic and manganese are useful as blood-makers.

My purpose in writing this article is to impress the reader with the subject. I would commend Bouchard's "Auto-Intoxication in Disease" as about the best work on the subject.

I have not said anything in regard to the mercurials, to which many pin their faith. They are no doubt great germ-killers and antiseptics, but, unless used with caution, may do as much harm to the patient as the germs.

How fascinating, as contrasted with department store methods in science, is the work of Corrigan on the heart, performed in his little six-bed hospital, or that of the Augustinian priest, Gregor Johann Mendel, upon the principles of heredity, carried out in his garden. Their laboratories were not of marble, no endowments were theirs.

In these days there is real danger of individual physicians falling under the obsession that great discoveries are beyond their little spheres, and the modest methods of other days obsolete. No greater calamity could befall the profession than a tacit acceptance of such a pernicious belief.—*Critic and Guide*, February, 1910.

Periscope.

Piper Methysticum.

The *New York Medical Journal* of February 19, 1910, contained an article on "Piper Methysticum, or Kava and its Effects in Gonorrhea. A Contribution to Physiological Therapeutics," by Paul Bartholow, M.D. Piper methysticum, or kava, belongs to the genus Piperaceæ, and is nearly connected with other peppers, such as cubebin and piperin, which it resembles in various chemical and physiological actions. Its active virtues are endorsed and concealed in a thick resin, which is intractable when treated with the most powerful reagents. This resistance is a great obstacle to attempts to isolate the active principle, and hence it is that the transcendent property of this resin, "the power of subduing pain at the ends of the peripheral nerves," has been obscured by technical flaws. The earliest hint of the virtues of this specimen of the genus piper was furnished by Morson, who distilled from the root of macropiper methysticum a volatile oil and an extract. The extract contains the leading principles of the resin. Morson also found a crystalline body called methysticin, wrongly termed an alkaloid. O'Rorke prepared from the root aqueous and alcoholic extracts, crystals of impure composition, a substance without a taste, and a resin. He claims the root contains, besides starch and fiber, (1) methysticine, which is not active; (2) kawine, a resin, soft, incapable of crystallization, of powerful odor, which is the active prinicple.

Lewin found that the root, when treated with petroleum ether after maceration in alcohol, delivered two resins, named by him alpha and beta resin. The author examined these two resins chemically, and concluded that there is no real distinction between them. Both are soluble in alcohol, ether, chloroform and petroleum ether, but their chief quality, that of affecting the sensory nerves, is more observable when they are combined than when they are employed singly, and a greater share of their activity falls to the beta resin.

The oil produced by heat from beta resin mingles with the alpha resin, making an homogeneous oil, called by Lewin "kawa oil" and by Baldi "cavaine." The physiological effect of cavaine is confined to its influence over the sense of pain. Upon the conjunctiva or mucous membranes and abrasions it is soothing, rather sedative, after a short prelusive stage of stinging, but does not produce anything like deep anesthesia or narcosis. The effect is not unlike that of nicotine upon the nerves, or curara, save that only the sensory are involved. The internal effects are divided into three groups, (1) on the alimentary tract, (2) on the kidneys and urethra, and (3) on modes of decomposition. The taste resembles nicotine. In doses of a drop or two it produces warmth and a sense of appetite. To the breath it imparts an odor of pepper, which may also be detected in the urine.

The diffusive power furnishes the basis of its use in pulmonary affec-

tions, asthma, etc. It stimulates digestion and acts as a digestive tonic. Seldom deranges the stomach, nor is vomiting excited except by large doses. Its effect upon the kidney and urethra are most suggestive of its intrinsic value, for it is restricted almost entirely to the treatment of acute gonorrhea and cystitis. It is a gentle diuretic, producing no sign of any irritation of the kidneys. Its effects upon the urethra are soothing, rather anesthetic. As it is unchangeable, it is not modified by the urine; it medicates rather than being altered by it. It retards the decomposition of the urine and the formation of ammonia.

As to its influence on the gonococcus, the author states that as a destroyer of active cultures cavaine is not equal to many; but as an antiseptic, as a means of interfering with the growth of germs, and as a means strong enough but not so strong as to be dangerous, it is considered adequate. A distinction should be drawn between antiseptics and germicides. That may be a good antiseptic which is a poor germicide; that may be a good germicide which is a poor antiseptic. Certain plants, remarkable for their odor and bitter properties, possess the power of increasing the number of leucocytes in the circulating blood—in more modern language, they provide alexins. Cavaine, as one of the piperaceæ, falls under this denomination. In other words, it confers some degree of immunity. The dose of cavaine is 0.02, four or five times a day. It passes unchanged in the urine. Its predominant effects were sedative and antiseptic, very easy of digestion, or rather it did not derange that function. A recital of cases accompanies the report. M.

Preach it to the Multitude.

Modesty is commendable.

Real worth shrinks from competing with charlatans in the open market place.

Yet it ill becomes those, who have something of real value to defend, those who have a mission to perform, to hide in a dark corner, either because they consider it below their dignity to defend themselves, or because they are too bashful.

For if you have something of real value, such modesty is false modesty, such dignity savors of indifference, such bashfulness of cowardice.

What would you think of patriots, who, when their country is attacked, sneak one by one, stealthily into a dark cellar, there to unfurl their flag, there to hold patriotic speeches, there to rally around their banner?

Then, carefully packing the flag again into its receptacle, carefully hide it away, and then carefully, quietly and stealthily walk out again, one by one, as they walked in?

Patriots they?

Nay, cowards.

But what shall we say of physicians, whose forefathers have fought a fight against blood-letting and have won, against mercurial abuses and have

won, against starving fevers and have won—whose forefathers have fought the fight as pioneers against tremendous odds—what shall we say of physicians, who seem to be willing to waste this, their heritage, for no other reason but that they are suffering partly from that false modesty which hides its light under a bushel—partly from that indifference, which under the guise of false dignity thinks not of the tomorrow.

What shall we say of them?

What shall we say to them?

Too long have they rallied around their flag in a dark cellar.

Too long have they listened to patriotic speeches among themselves.

What is the use of preaching the Koran to the Turk, the Talmud to the Jew, the Gospel to the Christian?

If you wish to make converts, go out into the wilderness, go out among the heathen and teach the gospel unto them.

No matter how long and how frequently you expound socialistic doctrines to thousands of socialists, you cannot make one socialist convert in that way.

The only way to do this, is to preach Socialism to democrats, to republicans, to monarchists.

We have known the day when Eclecticism had to fight for its existence.

This kept it alive, this kept it awake.

But now, when the fight against Eclecticism has ceased, Eclecticism is in greater danger than ever before.

It is likely to fall asleep on account of the inertia, of the modesty, of the indifference of its adherents.

Propaganda is what we need.

Propaganda among outsiders, among the public.

Eclectic Propaganda.

Stop shouting Eclecticism to each other at your meetings.

We know that Eclecticism is good and we know that you know it.

But how about your neighbors?

Do they know anything about it?

Do they know whether you are an Eclectic or a physician of another creed?

Have you told them what Eclecticism means?

Have you told those patients whom you have cured, that they have to thank for their cure not only the fact that you were their physician, but that you are an Eclectic physician?

Have you in all the years of your practice made Eclectic Propaganda?

Don't tell me that you have defended Eclecticism, when it was attacked by an allopath.

I know you have.

You had to.

Even a hare will defend himself when attacked.

But have you of your own free will preached Eclecticism to the multitude.

Have you? Have you? Have you?
No, you have not.
But, you are forgiven.
Only, go hence and sin no more.
From to-day on, preach Eclecticism to the world.
Eclectic Propaganda from to-day on.

—A. A. A., *The Eclectic Review,* November 15, 1909.

Apocynum Cannabinum.

A Contribution to Its Action.

By Dr. Felix-Kramer, of Frankfort-on-the-Main.

The fluid extract of Canadian hemp, the root of which plant has been used for a long time, as a medicine, in Asia and America and in the last decade also in Russia, does not seem to have obtained in Germany the attention it deserves.

The active principle of this drug, according to Liebreich and Langaard, is a glucoside called apocynin, whose action is, like that of digitalis, a cardiac poison. Like strophanthus, nerium oleander and vinca minor, the plant belongs to the Apocyneæ family.

The reports on this remedy so far as I have been able to follow them are unanimous in designating it as a cardiac tonic and diuretic. According to Gwovdinski, of Kiev, apocynum cannabinicum is known in Virginia as a household remedy and is used by some American physicians by preference as a diuretic. The dose according to this report is 15 drops, t. i. d., and given during the period of compensatory disturbance it causes no unpleasant side-effects.

According to Aleksejew the effect of the remedy appears, in proper cases, in two or three days. If no remedial action appeared in five days Aleksejew made no further use of the remedy. He prescribed small doses (from three to five drops) three to four times a day. After larger doses he met at times gastric disturbances and pains in the cardiac region. Cumulative effects he did not encounter. The dosage, according to Golubin, is five drops three or four times daily.

In Pawinsky's (of Warsaw) notices about apocynum cannabinicum the observations he made of the different effects of this remedy from those of digitalis on the vagus are remarkable. He found that apocynum cannabinicum acts more readily and energetically on the innervation of the heart than digitalis, but the effect of the latter is a more persistent one, that is to say, the effect of apocynum gives out more rapidly than that of digitalis. He would, therefore, use the remedy at shorter intervals, especially in cases of arrhythmia.

His dosage is somewhat higher: Eight to ten drops of the fluid extract two to three times a day. However, one should always begin with small doses. Pawinsky rarely met with unfavorable effects on the digestion from

this remedy, of which effects some authors speak very extensively. Cumulative effects he found none.

The indications for the remedy are, according to him, valvular lesions and affections of the heart muscle at the time of disturbance of compensation. A. Robin gave thirty drops of this remedy three times daily.

A case in which the extract of apocynum utterly surprised me was as follows: A tavern keeper, 51 years old, who was affected with arteriosclerosis, myocarditis and a high grade of indurative hypertrophy of the liver. The edema and ascites could not be removed by the administration of the following remedies, viz., digalen, digitalis, digitalis with diuretin, alternated with caffeine, strophanthus, theocin, theophyllin, fluid extract equisetum arvense, infusion of juniper, and treatment with calomel.

All these well-proven remedies were often administered in maximal doses. At times the fluid exudate would be reduced to a minimum (1200 grams). Before paracentesis abdominis was made the fluid extract of apocynum cannabinicum was tried, and with perfectly surprising results. The next day, twenty hours after the administration of the remedy, the swelling of the legs, especially of the right one, was reduced and showed natural relations of parts. The ascites too was reduced, but the swelling of the liver remained stationery.

The dose used in this case was twelve drops three times a day, gradually increased to fifteen drops at a dose. In spite of this improvement the swelling of the legs reappeared after four days. It is remarkable, however, that in a case where all other diuretics failed the apocynum should have shown such an almost magical effect. It is therefore explainable why Busch designates this remedy as the vegetable trocar. Such a remedy certainly deserves to be retried and administered in cases of compensation disturbances before paracentesis abdominis is resorted to. Should clinical retrial of the remedy be further confirmed then the text-books should give it a place among the other well-tried diuretics.—*Muenchener Med. Wochenschrift,* No. 45, 1909.—*American Journal Clinical Medicine,* March, 1910.

Concerning Some Homeopathic Remedies.

The Council of Pharmacy and Chemistry, American Medical Association, has authorized the publication of the following statement (*Journal American Medical Association,* January 22, 1910) concerning its vote refusing recognition to several remedies in which homeopaths are interested and with whose action, therapeutically, they are familiar. The report of the distinguished committee or Council speaks volumes for the marvelous acumen shown in the study of the subject, and ought to serve as an eye-opener to those homeopaths who fondly cling to the belief that old-school methods of studying the action of drugs have of late years undergone a great change.

"Unicorn root (Aletris farinosa) contains a bitter principle and starch. Remarkable powers as a uterine tonic have been ascribed to it, but have not

been realized by reliable observers, the drug being practically valueless in these conditions. It enters into the composition of a number of nostrums. As a bitter it is superfluous and it should not be included among non-official drugs.

"Wild yam (Dioscorea villosa) has been little used in medicine. It contains a saponin and an acrid resin, and is said to possess expectorant diaphoretic and—in large doses—emetic properties. It has been recommended as a remedy in biliary colic and in muscular rheumatism. Its value in such conditions has not been verified to an extent entitling it to consideration as a useful remedy.

"Wild indigo (Baptisia tinctoria) has been in use—chiefly by the Eclectics—for about three-quarters of a century, but there is no satisfactory evidence that it has any therapeutic value. The following text-books on pharmacology do not even mention wild indigo: Cushney, Brunton, Dixon, Binz, Sollmann. It is not official in the United States or other leading pharmacopœias.

"A preparation of wild indigo is advertised with extravagant claims for its therapeutic action, but these claims are not supported by any substantial evidence. Other virtues ascribed to wild indigo are its properties as a cardiac and hepatic stimulant and its value in sepsis, particularly in typhoid fever. It actually has emetic and cathartic properties, but even these are inferior to those possessed by many other drugs. It is very evident that a drug possessing the extraordinary merits that have been claimed for wild indigo would not have remained unnoticed by the leading authorities on pharmacology and therapeutics, especially after its prolonged use in medicine. Owing, therefore, to the lack of substantial evidence of its usefulness, baptisia is not considered as of sufficient importance to warrant its inclusion in the list of non-official drugs. It is probably entirely superfluous."

It is probably safe to assume that during the last ten or fifteen years many of us, *i.e.,* of "us" avowed homeopaths, have more than once felt that there was some ground for the hope that after all our fighting, we, the homeopaths, may be mistaken in an underestimate of the care and conscientiousness with which the brilliant pharmacologists and therapeutists of the dominant school have done and are doing their work. It is a real comfort to know that we, the homeopaths, have never failed to experience a thrill of pleasurable excitement whenever anything warranting such hope has been brought to our observation, for intelligent, conscientious and, above all, unprejudiced study of medicinal substances for therapeutic purposes is the one aspiration of homeopathy, and that aspiration satisfied, no matter by whom and under what name, there would be removed one of the real stumbling blocks in the way of re-uniting the various leading schools of medicine into one great body, working, with toleration for individual opinions, for the advancement of the art of healing the sick, by drugs or any other means.

The very reference of work of this kind to a committee of experts in pharmacy and chemistry establishes the fact that in the study of drugs for therapeutic purposes the dominant school is still several centuries behind the times. It is evidently still the belief of those distinguished representatives of advanced medical science that the human body is a chemical laboratory pure and simple and that the only way to determine the probable effects of a drug upon the human organism is to study any possible chemical action of

which it may prove capable. No chemical action—no good as a medicine. There may be added in promising cases some experiments upon the lower animals to fortify the conclusions arrived at, just as though it were an established fact that the effects of drugs upon animals are identical with those upon man. And then to clinch the whole argument, empiricism is called into service—not always the enlightened empiricism which seeks to weigh clinical evidence offered by reliable, and that means unprejudiced, observers; but that which is little more than the dictum or the "say-so" of the few who happen to be in the public eye. Surely, the very same methods which were in vogue centuries ago, and which have proved so utterly barren of results.

In what manner has the committee on pharmacy ascertained that aletris has no power as a uterine tonic, and what tests upon man or beast has the committee made to establish its claim? Is it a fact that physicians who use aletris for medicinal purposes employ it as a "uterine tonic"? And do they value it because it tastes "bitter"? Do they care whether it is bitter or sweet or looks green or yellow? Does the fact that dioscorea has had limited employment in medicine do away with the possibility of its possessing valuable medicinal properties of some sort, and does the comparative absence of marked chemical action—granting such to be actually the case—prove the assertion? Has not the pronounced chemical (?) action of some drugs often proved a serious calamity to those of the sick who were made to swallow them, eventually leading many of the profession to the belief that all drugs are harmful rather than helpful to the sick, thus paving the way for that therapeutic nihilism which to-day holds sway, to the great detriment of the sick and of the medical profession? On the other hand, have not many drugs, especially those of vegetable origin, with rather indefinite properties of a chemical nature, proved of great medicinal benefit when employed by those familiar with their real remedial action?

Baptisia is "no good" because Cushney, Brunton, Dixon, Binz and Sollmann do not even mention it. What masterful argument on part of so learned a committee reporting to so learned a body of medical men! Is everything not mentioned by Cushney, Brunton, Dixon, Binz and Sollmann to be put aside as probably unreliable, if not absolutely worthless? Is this a specimen of "original" work on part of so scientific and select a body of men? And to what extent do physicians who use baptisia in the sick-room, and often with eminently satisfactory results, use it as a cardiac or hepatic stimulant? Not often; in fact, few physicians who understand the range of action of the wild indigo would ever think of prescribing it for the purpose of stimulating heart or liver, even though they might with good reason expect it to exert a decided and kindly influence upon both these organs when they are suffering from a general septic condition, as in typhoid fever. As a matter of course, medical science, as understood by the distinguished committee quoted, has the right, for the purpose of self-protection, to arrogate to itself certain prerogatives, among them the right to have the last word and ever to remain blind to what it does not care to recognize or what is displeasing. And thus, when certain leading authori-

ties on pharmacology and therapeutics deny to baptisia any and all special value as a remedy, why trouble about affirmations to the contrary by thousands upon thousands of men who have studied its action upon the healthy human organism, and have proved in the sick-room the deductions drawn from such study? Surely, it is so much easier to bow to fine authorities who never pretended to have studied baptisia, than to go over the testimony of at least twenty thousand men who are perfectly familiar with its action upon both the sick and the well!

Indeed, statements like the above, coming from so authoritative a source, should not be passed lightly. They are conclusive proof that, regardless of all the good scientific work done by the old school, in the testing of drugs they are to-day practically where they were centuries ago. They are as innocent as ever of the slightest suspicion that of all the methods proposed and used to determine the remedial value of any substance, provings made upon healthy human beings alone can furnish a reliable answer. And those of us who have at times cherished the belief that in due time, perhaps even now, the dominant school would incorporate in the body of general therapeutics the result of our own very valuable work, and that hence it would be safe to abandon our own organizations without fear that all we have done shall be utterly lost—those of us who have cherished that hope had better open our eyes to the fact that we have been dreaming, and work harder than ever before to get back to the safe moorings from which we have been gradually drifting during this quarter of a century.—*Pacific Journal Homeopathy,* February, 1910.

A Few Aphorisms on Tuberculosis.

Pulmonary tuberculosis is not only a social disease, it is a social crime. It is one of the products of our present industrial system, with its unsanitary shops and factories, with its overwork and exhaustion of the workman's vitality, with its big cities and over-population, with its tenement houses and dark bedrooms.

Koch's bacillus is to be compared to the shock which brings dynamite to explosion. As the shock is only an exciting cause, and the dynamite the real cause of the destruction brought about, so is the bacillus powerless without the proper soil, without the proper environment and disposition.

The dynamite alone can be harmful in many more ways than the shock alone. So it is with the white plague. Abolish the chief sources, and do not bother with the infinitesimal bacilli.

If it is true that there is a medical science for the rich and a different one for the poor, it is surely a most applicable dictum concerning phthisis. I claim that the same person, predisposed to tuberculosis, will remain well if provided with sufficient means and proper advice, and will die from it if penniless and compelled to work in the factories or mines, when the best advice is good for nothing.

The holy trio—fresh air, milk, eggs—turn out to be a very sad irony

when real fresh air and clean surroundings in our cities amount to at least $800 to $1,200 per annum, when fresh milk costs from fifteen to twenty cents a quart, and fresh eggs—none are in existence except for the very rich.

The only thing within the reach of the masses against tuberculosis is the sputum box, and even this, a good one, costs as much as a couple of days' wages. Sputum boxes for the population and compulsory registration of cases of tuberculosis by the medical profession, for the hail and glory of the army of statisticians of the omnipotent boards of health, are the only means of salvation of so many books and so many endeavors of the present tuberculosis reformer, big and small.

Can the Ethiopian change his skin and the leopard his spots? So can the real mortality of tuberculosis change under the present conditions. One case is registered ten times under different addresses by different dispensaries and physicians, and of these ten only one dies—90 per cent. recovery! And should the patient happen to die in Colorado, then is the mortality 0—recovery 100 per cent.

O human ingenuity! You look for a liquid, aye, you set aside a million dollars for it—to be injected into those sick with tuberculosis. Better inject healthy blood into the social organism, abolish the real cause of consumption—industrial slavery—and all your sera, particularly those against tuberculosis, will be a thing of the past.

When a patient with phthisis presents himself, I usually do not need to ask him about his occupation: "are you an operator, presser, etc.?" I know the answer will be in the affirmative. "No, I am a candy store keeper." "Since when?" "For about three months." "And before?" "I was six years working at vests." Q. E. D.

Is there any hospital in the civilized world where only cases, say, of scarlatina of a mild character are accepted, but all the severe cases, the real scarlatina maligna, are refused admittance? Such a hospital would be condemned from the very start by the medical profession, as well as by the general public. But it goes without saying that in the sanatoria of consumptives—with the most advanced specialistic workers—only the so-called incipient cases find shelter; the real phthisis is tabooed! "Will you please go and die in your tenement, as you are not a fit subject for our Institution and its Record of Recoveries!"

The sanatoria! Built on the tainted money of the big t——actitians of Industry. Until lately it took from six to nine months for a patient—for a good, acceptable record-sustaining one—to be taken in, if he happened to have no pull. I know not, but I hope it is better now.

It is with the tubercle bacillus as with the "albumin and casts." As there are very many cases of "albumin and casts" which are not nephritis at all, nephritis means nephritis—the classical clinical picture, the sum total of the symptoms, physical, biologic and microscopic, to be recognized by every decent physician—and does not mean a hyaline cast or a trace of albumin found by the laboratory. So it is with phthisis pulmonum; the

hosts of the "few bacilli" are not phthisical; they are the phthisis of the bureaucrats, of the hairsplitters, of the statisticians, and *they* get well.

I know of people weighing 170 pounds each, in the best of health, vigorous and energetic, who are on the lists, and who are only suffering— and suffering terribly, and their physicians with them—from the laboratory report. A few bacilli have been found.

Phthisophobia has done more real harm than phthisologorrhea has done good.—MARIUS, M.D., in *Critic and Guide,* February, 1910.

Crataegus Oxycantha.

This drug was brought to the attention of the medical profession by the Homeopaths. In order to test the value claimed for it, Dr. Thos. F. Riley used it somewhat extensively for a period extending over two years, and he reports (*Journal A. M. A.*) as follows:

"It has been of decided benefit in a few cases of non-compensatory valvular disease in which there was an idiosyncrasy to the use of digitalis. It has no decided diuretic action, nor does it raise blood-pressure to any appreciable extent. Cratægus is essentially a mild cardiac tonic. When the heart is in a weak and irritable condition following grip, or in neurasthenia with a marked arrhythmia of the respiratory type, agents of the digitalis group are almost invariably badly borne. This is often a result of the digestive disturbance they so frequently entail. Here the cratægus often acts surprisingly well. It is a perfectly safe agent, with no poisonous effect. It can do no harm in aortic disease, and it is worthy of trial in these troublesome cases. In fatty degenerations and in heart lesions associated with high arterial pressures, it should be a useful agent. It is better given during or after meals in doses of from 10 to 30 minims of a good fluid extract or a drachm of the tincture. A combination with the bromides is useful in the irritative condition spoken of above."—*Clinical Reporter,* February, 1910, p. 58.

"Adapted to cases characterized by pain, precordial oppression, dyspnea, rapid and feeble heart-action, evidence of cardiac hypertrophy, valvular insufficiency and marked anemia, venous stasis."—FELTER.

A New Posture in Obstetrics.

There is probably no branch of medicine in which the familiar saying that "fools rush in where angels fear to tread" applies as it does in obstetrics, particularly where the fool is armed with a new pair of Simpson forceps. The introduction of forceps into midwifery was certainly a great advance in that science, and their use, when actually indicated, is a great boon to the woman in labor. It is, however, a good rule never to apply instruments while there is a reasonable hope of a spontaneous delivery and the condition of the mother and child is good. When the head is low down, as long as there is any advance, be it ever so slight, it is far safer to allow nature to take its course. There are, however, certain ways in which nature may be aided without in any way adding to the danger to the patient, one

of the most important of which is posture. Max Samuel, of Cologne (*Deutsche Med. Woch.*, October 28, 1909), offers a suggestion as to posture which he believes aids greatly in hastening the later stage of labor, when the head has passed the pelvic brim, and the inferior strait is causing the dystocia. Drawing an analogy from the Walcher position, in which, by hanging the thighs over the edge of the bed or table, and thus hyperextending the hips, the diameter of the pelvic inlet is increased at the expense of the outlet, thus enabling the head more easily to engage, the author argues that when the head has once passed this point and the pelvic outlet is causing the trouble, the opposite posture, flexion of the thighs, will increase the outlet at the expense of the inlet. He therefore advocates in all cases where there is any delay, after the head has reached the floor of the pelvis, that the thighs be flexed and the legs held in the patient's hands, the knees also being flexed. By this process Samuel says that the pelvic outlet is widened, the woman is better able to use her pains, and that the pains themselves are less agonizing. He has made use of the posture in a large number of cases, and believes it to be of considerable value in hastening and easing labor and in preventing the necessity of applying forceps to the head in the outlet. If such a simple procedure really does save the necessity of applying forceps, with their ever-present danger to mother and child, it may prove a valuable addition to the armamentarium of the conservative obstetrician.—*Medical Record.*

State Board Questions.

PATHOLOGY AND BACTERIOLOGY.

(*a*) Name the bacterium most commonly associated with specific urethritis. (*b*) What staining peculiarity distinguishes it from other germs found in the inflamed urethra?

What is the distinctive difference between the bacillus coli and the typhoid bacillus when grown in the form of a stab culture in the dextrose-agar?

What difference, if any, is there between the micrococcus meningitidis and the pneumococcus, when stained by Gram's method?

What is the difference in the action of antitoxic and antibacterial sera on bacteria and their toxins?

Explain the difference between puerperal septicemia and sapremia, septic intoxication.

Describe gliomata.

Describe a thrombus, an embolus, an infarct.

Name the tumors which have epithelium as a physiological prototype, and state which are malignant and which benign.

Describe the process of fatty degeneration.

What pathological changes in lung tissue occur in the various stages of lobar pneumonitis?

What pathological conditions are productive of icterus? Purpura hemorrhagica? Give pathology.

What is degeneration? Name the principal forms.

Name the pathology of aneurism.

Describe the Pfeiffer bacillus.

Give some of the approved methods of staining the common bacteria.

Describe the glanders bacillus.

Name four disinfectants, and methods of using each.

What measures would you take to prevent the spread of summer diseases in children?

How would you handle a case of scarlet fever to prevent its spread, and what would you do to a room in which there had been a case of said fever?

Give the principal steps in the preparation of diphtheria antitoxin. What are its doses?

What do you understand by the term immunity?

What is the difference between contagion and infection? Name some diseases of each class.

Give the pathology of cholera infantum.

Describe the bacillus of typhoid fever.

Tell in detail how to stain sputum for the tubercle bacillus.

How would you detect the malarial organism in blood?

How would you distinguish the gonococcus?

What parasite causes ringworm?

Discuss the bacteriology of boils.

What is a culture medium? Name three.

Define bacteriology.

Give the histological characteristics of (*a*) sarcoma, (*b*) adenoma, (*c*) myoma.

Describe fat necrosis due to the action of pancreatic juice.

What is an opsonin?

Describe hyaline degeneration.

Define (*a*) oxaluria, (*b*) glycosuria, (*c*) hematuria.

Describe the pathologic changes in acromegalia.

Describe the pathologic character of the pneumonic exudate.

What pathologic changes may ensue from ascaris lumbricoides?

Describe the characteristic features of the blood in chlorosis.

Mention three conditions essential to bacterial growth.

What is a diplococcus? Illustrate.

Describe the tubercle bacillus. How should sputum be collected and treated in attempting to prove microscopically the presence of the tubercle bacillus?

Describe the bacillus of tetanus. Why are punctured wounds more likely to result in tetanus than open wounds?

What is (*a*) toxin? (*b*) antitoxin? How may diphtheritic antitoxin be produced?

Name the three great classes of bacteria, based on the shape of the individuals.

Name five pathogenic bacteria which do not stain by Gram's method.

Classify the cocci according to the arrangement of the individuals composing the groups.

Briefly describe the method of staining the tubercle bacillus by the Ziehl-Neilson method.

Describe the pathologic changes resulting from chronic alcoholism, naming these in the order of frequency with which they occur.

Describe the conditions found in acute pleurisy (*a*) during the first twelve hours, (*b*) in favorable cases at the end of five days, (*c*) in unfavorable cases at the end of seven days.

Describe the lesion of carcinoma and that of sarcoma, and explain the distinctive differences between them.

Give a description of the changes found in hydrophobia; how communicated and the bacteriological findings.

Give the morbid anatomy of acute infantile paralysis, the cause of the same, and whether or not it is contagious or infectious or in any danger of becoming epidemic.

Describe the appearance of the blood in pernicious anemia; the pathologic changes found and the probable causes of the disease.

What do you understand by the following terms: (*a*) Amboceptor, (*b*) receptor, (*c*) complement.

What is the difference between an antitoxin and a bacteriolysin?

What is the precipitin test, and how performed?

Name three "acid fast" bacteria that are pathogenic to man.

Describe a typical actinomycosis rosette or granule, taking care to name its compound parts.

Name a pathogenic "acid fast" bacillus that cannot be successfully grown on artificial culture media.

Enumerate the different ways in which acquired immunity may be produced.

What pathological condition is most commonly caused by Koch-Week's bacillus?

What do you understand by an antitoxic unit?

What micro-organism is at present generally accepted as the cause of syphilitic infection?

Describe the abscess and give its pathogenesis.

What do you understand by (*a*) absolute immunity, (*b*) relative immunity, (*c*) acquired immunity?

Mention the forms of muscular atrophy, and state upon what each depends.

Give the pathology of dysentery, (*a*) catarrhal, (*b*) ulcerative, (*c*) diphtheritic.

What do you understand by (*a*) infarction, (*b*) thrombosis?

Through what medium is the typhoid infection most commonly conveyed from one person to another?

Describe the gonococcus and give the technique of the examination for it.

Tell how to differentiate the typhoid from the common colon bacillus.

Explain why pathogenic bacteria often prove harmless when taken into the alimentary canal, also why they may not produce disease even when they find their way into the blood current.

Name the three general morphologic groups of the lower forms of bacteria.

Name the pyogenic organisms.

Name the micro-organisms most generally the cause of meningitis.

Identify the bacteria in the field of the microscope, Nos. 1, 2 and 3.

Give the morphologic difference between the diphtheritic and the tubercular bacilli.

Name the micro-organisms sometimes found in the blood stream.

What is (*a*) sapremia, (*b*) septicemia, (*c*) pyemia?

What forms of disease may result from infection with the pneumococcus of pneumonia?

What are the blood changes in uncinariasis (hookworm disease)?

What are the heart changes in chronic mitral lesion?

Affections of what organs may produce edema of the lower extremities?

Describe the lesions produced in the liver by syphilis.

Mention the conditions of the kidneys which may be brought about by tuberculosis.

Describe the modes of formation and appearance of typhoid and of tubercular ulcers of the intestines.

In what general respects do "anemia" and "progressive pernicious anemia" differ?

Describe the formation of an acute abscess.

Describe the methods of culture and staining of the bacillus of diphtheria.

Name the micro-organisms most commonly found in connection with acute endocarditis.

What bacteria are associated with inflammation and suppuration?

What special culture medium is required for the growth of the gonococcus?

Describe the specific organism of tetanus, and state its peculiar culture characteristics.

Discuss the bacteriology of diphtheria.

Describe the changes that take place in a tubercular joint.

What pathological conditions give rise to aphasia?

Give the pathology of chronic gastritis.

Give the pathology of chronic parenchymatous nephritis.

Give the pathology of catarrhal jaundice.

Give the pathology of acute articular rheumatism.

Describe the appearance of the blood in a case of pernicious anemia.

Give a general description of the action of agglutinins.

What micro-organisms are most frequently related to the development of surgical septicemias?

What are the essential factors in infective processes?

Where is gonococcus usually found? Describe its character; give specifically a method of staining it.

State where the smegma bacillus is found, and give the mode of differentiating it from the bacillus of tuberculosis.

Describe the bacillus typhosus, and state: (*a*) Whether aërobic or anaërobic; (*b*) saprophyte or parasite; (*c*) facultative, strict or obligatory; (*d*) manner of its action; (*e*) where found in body and how eliminated.

What are leukocytes; and what occurs when they come in contact with pathogenic bacteria?

What is phagocytosis, and what is accomplished by it?

CHEMISTRY.

Describe the diazo reaction. Under what conditions may this reaction appear in the urine?

Express in Centigrade 104° Fahrenheit. Give the rule for reducing Centigrade to Fahrenheit.

Describe iodine. State some of its properties. From what source is it chiefly obtained? Give a simple test for iodine.

Outline the fate of the carbohydrates in the body.

Give two tests for detection of morphine.

What is the normal amount of urea found in the urine in a twenty-four hours' specimen of urine? Name two conditions in which there is a diminished excretion of urea.

Under what pathological changes does bile appear in the urine?

What organic acids are found in the stomach, and what are the tests for them?

Define organic chemistry. Define inorganic chemistry.

Describe three tests for determining the presence of albumin in the urine.

Name some of the common chemical sediments that may appear in the urine, giving the pathological significance of each.

Define and illustrate (*a*) capillary attraction, (*b*) absorption, (*c*) diffusion, (*d*) osmosis, (*e*) endosmosis.

Describe the construction and explain the uses of a fever thermometer.

Mention (*a*) five conductors of electricity, (*b*) five non-conductors.

Describe the construction and the action of a galvanic cell.

Give the names, symbols, atomic weights, of five non-metallic elements.

What element is a part of all acid compounds? Describe the element.

Mention and describe the crystals that may be found in (*a*) acid urine, (*b*) alkaline urine.

To what substance or substances are due the peculiar taste and action of (*a*) bitter waters, (*b*) chalybeate waters, (*c*) sulphur waters, (*d*) cathartic waters, (*e*) effervescent waters.

In what principal form is nitrogen eliminated from the body? Give the chemical properties of nitrogen.

State the occurrence in nature and the properties of carbon.

Describe CH and state how it is generated in the laboratory.

Name an anesthetic, and give its formula and properties.

Where in the body is glycogen found? Give tests for glycogen.

Describe the preparation and give the properties of phosphoric acid.

Complete the following equation:

$$3P + 5HNO_3 + 2H_2O \text{ (heated)} = CaCO_3 + 2HCl =$$

Name the halogens, and give the properties and uses of the one you consider the most important.

Explain the action of acids and alkalies on the fluids of the tissues.

What is the effect of the calcium salts in the system, and for what conditions are they especially useful?

What are the tests for stomach hyperacidity?

What kind of water would you consider pure for drinking purposes? What impurities could you detect by chemical tests?

How does alcohol act as a chemical poison?

What are alkaloids? Name five.

What is an antiseptic? Name five, and briefly explain their action.

Give a physiological and chemical antidote for morphine. Explain the action of each.

Name four mineral poisons and give their antidotes.

Give the formula of phenol and what are its chemical properties.

How is sulphuric acid made?

Give the difference between the *ous* and the *ic* salts.

Name the elements.

Give the source of iodine.

Name the three most important ptomaines, outline their origin, and give the symptoms of ptomaine poisoning. What do you understand by ptomaines?

How may arsenic be detected? Give chemical antidote.

How is alcohol beneficial in carbolic acid poisoning? What are the symptoms of carbolic acid poisoning?

Name some of the impurities of chloroform and give tests by which they may be detected.

Name three of the common chemical substances which appear in normal urine. Give the characteristics of diabetic urine.

What do you understand by "occult blood," and how would you test for it?

What is uric acid? What is its origin and fate in the human body?

What is indican? Discuss the significance of its appearance in the urine and give test.

Describe the stomach contents of typical gastric carcinoma.

What is the chemical explanation of the souring and curdling of milk? How is soured milk supposed to prolong life?

What is a chemical compound?

Give illustration of chemical compounds in prescriptions.

Give procedure for chemical examination of urine.

What is the composition of the atmosphere? What changes take place in a closed and crowded room?

Give the chemical name and formula of aqua regia, oil of vitriol, paris green, sal ammoniac, copperas.

Describe, giving symptoms of a case of arsenic poisoning.

Describe, giving symptoms of a case of strychnine poisoning.

Describe, giving symptoms of a case of opium poisoning.

Describe, giving symptoms of a case of poisoning by wood alcohol.

What would occur if sulphuric acid were added to sodium chloride?

Give four tests for albumin.

Give chemical composition of the blood.

Name the enzymes of the body.

What is ozone? Give molecular weight and how does it differ from oxygen?

Briefly describe arsenic, and name the hydrogen and oxygen compounds with arsenic.

Give the chemical formula for saltpeter; for red iodide of mercury; for ammonia.

Give the formula and properties of mercuric chloride.

What is menthol?

Describe Fehling's test for sugar in the urine.

Explain fully the difference between ptomaines and toxins, chemically and physiologically, and name several typical bacteria responsible for the production of each.

Describe the effects produced in the human system by infection by the more virulent types of streptococci.

Describe fully the effects of pellagra and the cause of the disease.

Describe the morbid changes resulting from auto-toxemia, both immediate and remote.—*Selected from Various State Boards.*

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LABORATORY VERSUS CLINICAL THERAPEUTICS.

The revision of the pharmacopeia is at present occupying the attention of both physicians and pharmacists, and one can scarcely peruse a journal without noting suggestions from various sources as to admissions and omissions. It is strongly urged that various sera and vaccines be admitted, and that many galenical preparations that have withstood the storms of many generations be omitted. I believe that I am safe in asserting that some whose omission is thus advocated are used thousands of times to one of the various vaccines, bacterins or tuberculins.

The reason assigned for their omission is, they have not withstood the test of laboratory experimentation. I am free to confess that to me laboratory experimentation is not the "Ultima Thule" of therapeutic knowledge. Clinical knowledge, or, if you please, empiricism, must be the court of last resort, after all. If one has used a remedy for a fourth of a century or more with uniform results, it will take many experimenters many years to convince him that it has no therapeutic value, even though it will not kill a guinea-pig of a given weight. Many of these laboratory men devote their entire time to their work, and are devoid of any clinical experience. The sera and vaccines are often foisted upon the market without clinical testing, as are many other proprietary preparations.

I am not so sure, either, but what most of the bacterins and vaccines are surrounded with as much haze and uncertainty as many of the therapeutic agents upon the market, that are being voted out of existence, and often without any practical knowledge of whether they possess any therapeutic value or not. We can with profit note for a few moments some of the most recent literature on the value of the sera, bacterins and vaccines.

Reading recently on their therapeutic value, I note the following statement:

"In the heralded unlimited field of therapy, where the opsonic index is ordained to play a star rôle, its utility seems destined to pass into oblivion,

not only because of its inconstancy in agreement with the clinical symptomatology, but especially because of its impracticability. Although my experience thus far with artificial auto-inoculations has been most gratifying, and my results in close harmony with those of other observers, I am disposed to believe that there is a tendency to overvaluation even in this method of therapy. To-day I am more than ever convinced of the correctness of that stand, and I doubt very much if at present Wright himself believes, literally, his statement promulgated a few years since, that 'by means of these bacterial vaccines we have, in the power of raising the anti-bacterial power of the blood with respect to any microbe, out of all comparison the most valuable asset in medicine.'

"Finally, over-dependence on the opsonic index as a guide, and carelessness or indifference to certain clinical signs and symptoms, be they ever so slight and seemingly trivial in nature, or an irrepressible enthusiasm to 'push the treatment,' invariably leads to disappointment, if not to utter failure and disaster."

Another writer says: "The opsonic determinations are of apparent value in the hands of a few skilled and painstaking laboratory workers, but are for the majority impracticable and inaccurate as a guide to dosage and as a measure of resistance." Again, another writes: "As to the value of the opsonic index as a guide to the treatment with vaccines, the opinion gains ground steadily that the procedure is so time-consuming and unreliable as not to justify its use, in routine practice at least." Another writes thus: "Therapy by both bacterins and tuberculins can be satisfactorily executed by keen observance of the clinical symptomatology. Reliance on the opsonic index as a guide is not only unnecessary, but actually conducive to erroneous conclusions, owing to its variability."

Recently in a State medical examination it was asked, "What do you understand by an anti-toxin unit?" In a recent journal article I note the following "The need of uniformity in measuring the strength of tetanus antitoxin has long been felt, and is very evident from the following table, from which it will be seen that before the promulgation of the American standard (October 25, 1907) the tetanus antitoxin on the market varied extravagantly in the unit strength claimed, 10 c.c. varying from 40 to 76 units according to this standard." The unit is then defined as follows "The immunity unit for measuring the strength of tetanus antitoxin shall be ten times the least quantity of antitetanic serum necessary to save the life of a 350-gram guinea-pig for ninety-six hours against the official test-dose of a standard toxin furnished by the Hygienic Laboratory of the United States Public Health and Marine Hospital Service."

Dorland's Dictionary defines it thus: "A unit for expressing the strength of an antitoxin is the amount of antitoxin required to neutralize 100 times the quantity to kill a guinea-pig weighing 250 grams." Reading the discussion, I find this statement: "We have now for the first time definite knowledge of how much antitoxin we are using, providing we measured the amount given in cubic centimeters, with no knowledge except the word of the manufacturer of how strong it really was. The value of such information will be appreciated when we see that the serum of one manufacturer,

who claimed 6,000,000 units per c.c., contained, according to the present standard, only 90, while another serum, which was stated to contain 0.75 of a unit, in reality contained 760." (January 22, 1910.) We read on: "My conception is that the anti-diphtheritic unit represents 100 times the amount of serum necessary to save the life of a guinea-pig of standard weight (250 grams) when injected into the pig, together with the minimum lethal dose of diphtheritic toxin; that an antitetanic unit represents 1,000 times the amount of serum required to save the life of a guinea-pig of standard weight (350 grams) when injected at the same time with the M. L. D. of tetanus toxin." "The tetanus unit may be defined as ten times the least quantity of antitetanic serum necessary to protect the life of a 350-gram guinea-pig against the test-dose of a standard toxin furnished by the Hygienic Laboratory U. S. Public Health and Marine Hospital Service." So I picked up some recent text-books and read this: "A unit is the amount of diphtheritic toxin necessary to kill 100 small guinea-pigs." "A unit of antitoxin serum is that amount which enables it in the dose of 0.1 c.c. to counteract ten times the minimum lethal dose of diphtheria toxin required to kill a guinea-pig weighing 250 grams." How clear this will be to both student and examiner, it is hard to say, the latter often not having had any previous laboratory training or experience. Which definition would he accept?

An attempt to ascertain the dosage reveals the same lack of uniformity. I found this question among the examination questions: "What are the doses of diphtheritic antitoxin?" To this there will be as many answers as there are users. One writes thus: "Physicians are condemning antitetanic serum as a curative agent, because they wait too long, use too small quantities and give up too quickly." He then narrates a case where he gave 198,000 units of the serum. Another gives as "an additional dose of 10 to 20,000 units intravenously, followed in twelve hours by further injections." Again we read, "How we are to arrive at the correct dosage of tetanus antitoxin, I am unable to imagine." Of tuberculin I read thus: "The dosage at present is empirical, each individual case must be an experiment. The technique of tuberculin injections, the guide to correct dosage and intervals, are details which vary with the preparation used and the experience of different observers." "Wright is governed entirely by the tuberculo-opsonic index in estimating the size and frequency of the dose. He asks to maintain as high a degree of phagocytosis as possible without producing subjective symptoms." The author from whom I quote says further: "However valuable the tuberculo-opsonic index may be as a guide to dosage in surgical cases, it is unreliable in pulmonary tuberculosis, if for no other reason than that we are unable to control auto-inoculation. The initial dose must be infinitesimal. Increase must be gradual, and doses properly spaced." The dose recommended is one ten-thousandth to one-thousandth mgm. of old tuberculin, the former dose being used in febrile and the latter in afebrile cases.

The dosage of diphtheritic antitoxin, which few would have the temerity

to say is not of value, and which is the most firmly entrenched of all, is no better established. One text-book recommends in mild cases from 2 to 3,000 units. Another, for a child of two years old, with a severe infection, an initial dose of 5,000 units, whilst in toxic cases 10,000 may be given, and over 100,000 have been given, as it is harmless. Another says the initial dose is from 1,000 to 2,000 units, and still another says the initial dose to a child two years old is from 800 to 1,000 units, to be repeated the following day by from 1,500 to 2,000 units, provided satisfactory improvement is not shown. Another text-book recommends 3,000 as the initial dose for a child two years old, another 1,500 to 2,000, whilst again I find 5,000 units recommended as the initial dose; 2,000 seems to be the dosage generally accepted yet which would be accepted by the examiner asking the question?

When we come to the consideration of the value of toxin therapy, there exists the same uncertainty and much less uniformity than exists in empirical therapy. One writer informs us that antitetanic serum is just as specific for tetanus as antidiphtheritic serum for diphtheria, provided it is used early and often enough in sufficiently large quantities; whilst another asserts it is futile after symptoms have developed, though it should be used in all cases of developed tetanus.

Of tuberculin I read thus: "I do not think the ordinary practitioner has any more right to use it than the surgeon would have to go blindfolded into the abdomen." I glean again: "I am opposed to the use of tuberculin in the treatment of tuberculosis, and I base that opposition on the fact that no animal can be immunized against tuberculosis by any previous treatment with tuberculin, nor can any animal already tuberculous have its life considerably lengthened by tuberculin. Therefore, why should we infer that anything experimentally impossible in the lower animals should prove successful in human beings, I cannot understand." "It is plain that a considerable percentage of apparently healthy people react to tuberculin, and that there are others who may have a little focus that has been encapsulated, and they react easily; and unless we insist to the average doctor that the mere application of tuberculin *will not* furnish a basis for this clinical diagnosis of tuberculosis, we will have a lot of trouble over the country." "After fifteen years in the use of tuberculin, to some moderate extent all the way along and more actively lately, I confess I do not know whether it is of much use or not."

On the treatment of inoperable sarcoma by erysipelas and prodigiosus toxins, I extract this quotation: "The vaccines are not a specific remedy, the toxins of the streptococci and of the bacillus prodigiosus bearing no etiologic relation whatever to sarcoma, for the cure of which they are employed. The majority of surgeons written to state that they have not seen any successful cases. This method of treatment may prove of value as a post-operative procedure. As to its mode of action, nothing definite can be stated, but it is likely that the toxins themselves, as well as the local and general actions they produce, frequently affect the life of the sarcoma cells unfavorably." "Antirabic virus has no favorable influence on hydrophobia

once the disease has developed. Its beneficial effects are solely prophylactic, and are rendered possible only by the fact that the average incubation period is relatively long."

"Bacteria therapy, by virtue of its potency to do more harm than good when unskillfully managed, will or should probably not become a universal therapeutic measure in the hands of the general practitioner, unfamiliar with bacteriology or work in the laboratory. Ignorance and wantonness are incompatible with ambition and energy, and an otherwise meritorious therapeutic agent thus abused will ultimately fall into disrepute."

"Therapy by the employment of bacterins made from bacillus pyocyaneus has been entirely useless. Bacterins and tuberculins are not 'cure-alls,' but, when intelligently used, serve as invaluable aids to nature in fortifying the bodily defenses, thereby accelerating convalescence, diminishing complications and promoting cure."

Thus we have abstracted for the purpose of exhibiting the present status of serum therapy. The status of many of these preparations is as uncertain and untenable as many an agent voted to oblivion, whose activity is based solely on clinical observations extending over many years and verified time without number by hundreds of physicians. M.

CACTUS GRANDIFLORUS.

The Council on Pharmacy and Chemistry have voted that this remedy should not be accepted for "New and Non-Official Remedies," basing their report upon the uncertainty of the clinical reports and its lack of evidence of action when used in animal experimentation. Their third conclusion reads thus: "The value of clinical evidence when unsupported by animal experimentation is much diminished by the tendency of enthusiastic and untrained observers to attribute to the drug given, the effect really due to general remedial measures, psychic suggestion, and so forth. While it must be admitted that valuable remedies may exist whose therapeutic properties cannot be revealed by animal experimental evidence, conclusions should be drawn with extreme caution."

For clinical evidence the report quotes from P. W. Williams, Ellingwood, Boinet and Boy-Teissier, Aulde, Gordon, Sharp and Hatcher. When quoting the experience of Boinet and Boy-Teissier the Council formulates this conclusion: "It must be remembered that the precise preparation of cactus which they used is not known."

Another conclusion is thus: "Some of the experimental work and much of the clinical evidence has been obtained and published under proprietary auspices. For this reason many of the therapeutic claims made for the drug must be viewed as merely the reflection of the exaggerated statements made by the advertisers of proprietary preparations." This is to some extent possibly true, but it does not apply to the clinical evidence offered by Homeopathic and Eclectic physicians. How about the clinical evidence for Thyresol, Sajodin, Europhen, Euquinine, Chologestin, Regulin, Colchi-Methyl,

Antithermoline, and a host of proprietary remedies we see in "New and Non-Official Remedies," saying nothing of the pamphlets coming to our offices daily from these enterprising pharmacists. The sera, vaccines and bacterins have some action when used for animal experimentation, but how about the clinical evidence?

For answer, read the testimony given in the present issue, yet they seem worthy a place in scientific medicine. The clinical action of cactus is vouchsafed by hundreds of physicians, whose experience extends over many years. The laboratory man, devoting his entire time to experimentation is not a safe guide in clinical medicine. He is devoid of practical experience, which is necessary for a safe and successful teacher in therapeutics. Theoretical teaching when devoid of that certainty or positiveness acquired by practical experience is devoid of interest or weight.

Our esteemed friends are responsible for the large amount of patent or proprietary medicines now being consumed, and there is no better way of increasing the amount consumed than by continuing the teaching of therapeutic nihilism. M.

PROFESSIONAL CRITICISM.

The *Illinois Medical Journal,* for March, 1910, page 334, contains a stricture upon the medical profession by one Judge Olsen, purported to have been delivered at the conjoint meetings of the Councils of Medical Education and Medical Legislation, held recently in Chicago. The judge says: "There are too many convicts engaged in the practice of medicine," and urges "legislation to revoke licenses of physicians guilty of immoral conduct, dishonesty, conviction of crime and drug habit." The judge must certainly be aware of the fact we have abundant legislation for that purpose now, but lawyers and courts shield and decide in favor of the most flagrant offenses, and grand juries and petit juries neglect and refuse indictments and convictions. Ohio at present enjoys a most brazen incident of the inefficiency, or more properly speaking, indifference, of the judiciary to these medical outlaws. We take issue with the judge as to the activity of the bar associations to maintain high standards. Medical men preceded the legal profession by several years in the demands for higher preliminary and medical qualifications, at least in Ohio, and even now the requirements are higher for the medical profession, a first-class high school certificate and three years' study in an office, with an examination before the Supreme Court, being the requirements. The standards of morality in the medical profession will bear at any time a comparison with the legal profession, and, I fancy, to the credit of the former. The criticism on the expert witness does not have any weight at all and casts no odium upon the medical profession. It is the teachers or professors of mental and nervous diseases that are the expert witnesses, and the odium attaches as much to the legal as to the medical profession. I am surprised that in a convention of such character as the one mentioned, composed as it was presumed to be of the "bon ton"

of the profession, of the sponsors for the entire medical profession, that they would tamely submit to such a tirade upon the medical profession. The license system has nothing to do whatever with it, in no conceivable way, but is the result of the vicious system by which he is selected. Medical men are far more anxious to remedy the unfortunate condition than is the bar.

LOCATIONS.

The following are samples of inquiries coming to us almost daily:

"DEAR SIR: Just a line, to inquire if you know of any graduates of the Eclectic Medical Institute who are looking for a good location. There is at present a splendid opening here for the right man, and, if you have any one in view, I wish you would kindly have him correspond with me."

The above clipping is from a pharmacist, and the following from a member of one of the State boards of examiners:

"Send us some good men. We can locate many up-to-date Eclectics."

These are only a few of the many letters coming to me. What are the other journal editors receiving? Yet, some of our weak-kneed men tell us that our mission has been filled. Never, so long as the people are calling for men who believe in and have faith in medicine, rightly used and rightly applied. We possess a system of therapeutics founded, it is true, upon what they may call empiricism, but it has been proven so often and by so many to possess efficacy and truth, that the vote of men without any practical knowledge cannot by any means discredit it. In my own neighborhood we have four men, graduates of allopathic colleges, and all are using "specific medication." All possess our works on this subject. The rank and file of the physicians believe in internal medication and they instinctively come to us for it. Then why send your son or neighbors' sons to old school colleges to learn what they must at last come to the Eclectics and Homeopaths for?

Our large colleges have ceased to teach therapeutics, the principal tool with which we combat disease. How are we going to meet the demands upon us for physicians? This can be answered only by our alumni, and we look to them for the answer. The inquiry comes to us from every direction for physicians. Our men have been so successful in life that they forget the debt they owe to the institution which gave them the means by which they attained that success. They imagine themselves safe, they are on "Easy Street," but some day they will be aroused from that idea by the political wire-pulling of a corporation as closely organized, and as far-reaching, unscrupulous, insidious and as invidious, as any "Trust" in our country. Property or personal rights have no consideration, and every legislature and examining board in the nation is being beseiged in their behalf. We are not opposed to better qualifications, for study facilities and teaching, but we dislike the methods pursued to attain these objects.

Excuse our digression, but we desire to call our readers attention again to the constant demand upon us for physicians. Help us supply that de-

mand by sending students to our colleges, where *practical medicine,* as well as theories are taught; where young men are equipped with the means with which to battle with disease, and that is "Therapeutics," not fads, fancies and theories. M.

THE DUTCHMAN'S OPINION OF THE GERM THEORY.

BEECHER W. WALTERMIRE.

I like this country velly much—
  Its hills and lovely plains;
I like its people, on the whole,
  But when they get some pains
And get down sick upon their beds,
  The doctors come and say;
"It was the German's makes you sick,
  They must be droved away."

And den dat makes me pretty mad,
  And I just want to fight;
But ven I tells them how I feel,
  They just laugh wid all their might.
And 'stead of getting mad at us
  For causing all their troubles,
They just keep on a-laughing
  Till they bend themselves down doubles.

One day my wife get awful sick
  Mit fever running high—
I dink she have the shmallpox
  And I 'fraid she going to die.
But ven I calls a doctor in,
  He count her pulse, and then
He pried her mouth vide open shust
  Mit the handle of his pen.

"You drink that hydrant vater?"
  He ask: then she only shake her head.
"You quit that purty quick," said he,
  "Or you will shust be dead.
It bes not fit for man or beast,
  The Germanst make it bad."
And den I vant to vallop him,
  I get so awful mad.

And I say: "Doctor, take that back!
  You shlander all my race!"
And then I seed a great pig shmile
Come right across his face.
And by and by he hummed a tune,
  So low I can't hear much;
But now and then I catch the words;
  "It vas the dutch; it vas the dutch."

If Germans make these people sick,
  And shpoil their vater, too,
The Germans better go back home,
  That's what I mean to do.
But when I tells King Villiam how
  They shlander us, you bet,
He'll send his ships across the pond
  And make these doctors get!

THE ECLECTIC MEDICAL COLLEGE .

On March 10, 1845, the college was chartered by the Ohio legislature, under the title of "Eclectic Medical Institute." At that time the words institute and seminary were in common use, but during the past sixty-five years these words have become more or less obsolete terms. Consequently, the trustees have changed the corporate name from "institute" to "college," and this change of name has been filed with the Secretary of State. All the valuable features of the original charter are retained intact. The same diploma stone in Latin will be used, *"Eclectici Medici Collegii."*

Chronologically, the former mergers are enumerated:

ECLECTIC MEDICAL COLLEGE.

Consolidating

The Eclectic Medical Institute, 1845 to 1910;
The Worthington Medical College, 1833 to 1838;
The American Medical College, 1853;
The Eclectic College of Medicine and Surgery, 1857 to 1859.

New diplomas in English, under the new title, will be issued to former graduates on payment of a duplicate diploma fee of ten dollars.

Application blanks for the new duplicate diplomas in English must be filed with the Secretary.

Having been known locally and to the laity for many years under the name of "college," we believe that legal change of title will be approved by all our graduates.

AARON MCNEILL, *President,*
ROLLA L. THOMAS, M.D., *Dean,*
JOHN K. SCUDDER, M.D., *Secretary.*

AN OPEN LETTER.

CINCINNATI, February 8, 1910.

W. A. PUCKNER, M.D., Secretary Council of Pharmacy,
Chicago, Ill.

Dear Doctor: I am in receipt of your ten letters addressed to teachers of materia medica. Nearly all of the criticisms and suggestions therein apply to the meager teaching of materia medica in the average allopathic college.

Eclectics do not run after German synthetics, untried serums and pseudo-scientific nostrums. The reputation and sale of all the nostrums complained of were made by *regular* physicians.

The Eclectics have a wealth of materia medica in indigenous plant remedies, which have been in constant use for seventy-five years by thousands of true students of materia medica.

It seems absurd to us to have the erudite but unsophisticated Council of Pharmacy reject remedies like cactus, helonias, dioscorea, echinacea and baptisia (see *Journal of A. M. A.*), because they are not recommended by Cushny, Brunton, Dixon, Briz, Sollman, or the United States Dispensatory.

Why not have your committee study the materia medica of Ellingwood, Fyfe, King's American Dispensatory, Locke, Petersen, Scudder and Webster, and learn of a hundred remedies of which your Council of Pharmacy knows little or nothing?

The great difficulty lies in the fact that the *dominant* school will not accept evidence from liberal sources, but must wait until the uses of our remedies filter through some alleged foreign discoverer.

Keep on with your letters to teachers of materia medica in *regular* schools, and you may eventually accomplish some enlightenment.

Very sincerely,

R. L. Thomas, M.D.,
Dean, Eclectic Medical College.

THE MEAT IN THE COCOANUT.

Some comment was made at the meeting of the National in Chicago, last June, because the Bennett College had withdrawn its membership. It has since become common knowledge that W. F. Waugh, one of the editors of *Clinical Medicine,* and in the Abbott Alkaloidal Company, has purchased a half interest in Bennett College and the *Chicago Medical Times.* This readily explains their going over to the *regular* ranks. We have no fault to find with straight-out allopathic physicians or alkaloidal medicationists *per se,* but we do not like *mongrel* Eclectics. It now remains to be seen whether any one has bought the Illinois Eclectic Medical Society.

Legislation which will allow the prosecution of quack doctors, particularly those who allure poor patients, is recommended by Dr. Ravogli, of Cincinnati, President of the Ohio State Board of Medical Examiners. He would also have the Board given power to revoke licenses in cases where registered physicians were found to engage in questionable practices. The report shows that 201 physicians were licensed in Ohio by examinations in 1909. Applications of fifty-five others from other States were also allowed. Fourteen were admitted to practice osteopathy and twenty-five midwives were given licenses. The certificates of six physicians were revoked in the year and thirty prosecutions for illegal practice were instituted.

Arkansas.

At the November meeting of the Arkansas Board of Examinations, Drs. J. H. Crane, G. C. Davis and M. C. Karr were successful.

The State Society met at Little Rock, May 11, 12 and 13.

California.

At the regular meeting of the Los Angeles County Eclectic Medical Society, January 4, Dr. Munk was the essayist, the subject being "The Indicated Remedy." For the February meeting Dr. A. P. Baird prepared a

paper on "Eclecticism," the full text of which can be found in the March number of the *California Eclectic Medical Journal*. Clinical cases were presented at this meeting by Dr. O. C. Welbourn. At the March meeting Drs. Hubbard and Orin Davis presented papers, the former, "Some Remarks in the Treatment of Everyday Diseases," and the latter, "Ptomaine Poisoning."

Dr. J. A. Munk has donated his valuable library on "Arizona," to the Southwest Museum of Los Angeles. This library contains books of every description pertaining to Arizona, ethnology, poetry, novels, etc. It is a splendid gift and the Doctor is to be congratulated on his wise action, as is the recipient.

G. W. Chase, M.D., of St. Joseph, Mo., wintered in Los Angeles, as did Dr. David O. Fruth, of Chicago.

Dr. Jesse G. Forrester, formerly of Chicago, has located in Santa Monica.

Dr. W. H. Newman, professor of osteology in the California Eclectic Medical College, has been chosen health officer of Long Beach.

Connecticut.

Dr. C. W. House has located at 74 South Main street, South Norwalk.

The State Society held its semi-annual meeting at the Garde House, New Haven, May 10.

Georgia.

The College of American Medicine and Surgery, of Atlanta, has changed its name by legislative enactment to the Georgia College of Eclectic Medicine and Surgery. The board of trustees have been increased to fifteen, and it is now proposed to build a new college building and hospital. It has one of the largest classes in its history, eighty-two being enrolled.

The Georgia Eclectic Medical College held its seventy-first commencement exercises Monday evening, April 18. Thirty-five were in the graduating class. This college was chartered in 1839 by the State of Georgia, and is one of the oldest colleges in the South, and the oldest in Georgia, having received aid from the State when chartered.

The second commencement of the Hospital Medical College was held on Tuesday evening, April 19. Nineteen were in the graduating class.

The Georgia Eclectic Medical Association met in annual session at the Hotel Aragon, Atlanta, Tuesday and Wednesday, May 19 and 20. A fair number were in attendance. The program as published was carried out. Among the most striking actions was a resolution asking that all physicians on State examining boards and in the faculties of Eclectic colleges either join the Eclectic State and National organizations or resign therefrom. The resolution was carried unanimously, and a committee appointed to see that the resolution was carried into effect. The officers elected for the year 1910-11 are as follows: President, R. M. Moore, Waleski; First Vice-President, J. S. Wells, Griffin; Second Vice-President, J. W. White, Fort McPherson; Secretary, Geo. A. Doss, Atlanta; Treasurer, J. Rufus Smith, Atlanta. Atlanta was selected as the meeting place for 1911.

J. F. Owens, M.D., has removed from Hahira to Texas.

Illinois.

The Illinois State Board of Health has published three bulletins on "Pellagra" and one on "Tuberculosis," which are very instructive. They are fully illustrated.

The Illinois State Eclectic Medical Association met at the La Salle Hotel, Chicago, May 25, 26 and 27.

Massachusetts.

Dr. F. W. Abbott has been re-elected secretary of the New England Eclectic Medical Association, and his wife, Dr. Sylvania Apphia Abbott, secretary of the Maine Eclectic Medical Association. The Doctor is also treasurer of the committee of arrangements for the National Association, which meets in Boston the latter part of June and forepart of July.

Michigan.

Nelson McLaughlin has removed from Florida to Lake Odessa, Mich.

Missouri.

Dr. and Mrs. J. E. Callaway celebrated their golden wedding anniversary March 21, at Chillicothe. The doctor graduated at the E. M. I. in 1866, and has been in active practice over forty years, and is one of the oldest members of the State and National Associations.

Dr. Frank Hurwitt, A. M. C. of 1909, has established an office at 1915 Franklin Avenue, St. Louis. He is also house physician at the American Hospital.

The name of the "Association Hospital," St. Louis, has been changed to that of the "American Hospital."

Dr. S. F. Freeman, of Leadwood, has been appointed "local registrar of vital statistics" in that district.

The A. M. C. at St. Louis, on February 23, held a public demonstration on "methods" in the college laboratories. It was successful from all viewpoints.

New York.

The Alumnal Association of the Eclectic Medical College of the City of New York recently elected Drs. D. N. Bulson and C. W. Brandenburg as their representatives on the board of trustees of the college.

The Kings County Eclectic Medical Society held its annual meeting February 12, Dr. T. D. Alderman presiding. The topics for the meeting were: "Differential Diagnosis of Appendicitis," "Typhoid Fever and its Treatment," "Puberty," "A Contribution to the Pathology of the Pituitary Body," "Neuroses."

At the January meeting of the Eclectic Medical Society of the City and County of New York, the essayists were: Dr. M. B. McDermott, "Erysipelas"; Dr. G. W. Thompson, "A Complicated Case of Confinement." At the February meeting Dr. E. DiLeo read a paper on "Acromegaly." Clinical reports were made by Drs. Harris, Hyde and Heeve. At the March

meeting Dr. C. Rogers, of Chicago, delivered a lecture on the "Rau Rays," this being a new form of light therapy. At the January meeting of the New York Specific Medication Club, Dr. S. A. Hardy presented the claims of "Grindelia Robusta" and Dr. McDermott "Yerba Santa." At the February meeting "Rhus Tox," by Dr. Alperin, and at the March meeting "Oxydendron," by Dr. Harris, and "Gelsemium," by Dr. Brandenburg, composed the drug studies.

The celebration of the fiftieth anniversary of the Eclectic Medical Society of the State of New York will be celebrated Tuesday, Wednesday and Thursday, May 17, 18 and 19. It should be a gala day for the Eclectics of New York.

Prof. J. U. Lloyd, of Cincinnati, spent a week at the New York College recently, from January 31 to February 5.

Dr. Earl H. King, of Saratoga, spent a couple of weeks at the college, commencing with February 5.

Dr. F. A. Greene presented a second check for $500 to the Eclectic Medical College of the City of New York.

Dr. C. M. Toynbee assisted the alumnal fund by a gift of $100.

The record of the college is one to be proud of. In five years including the classes from 1904-05 to 1908-09, there were fifty-five graduates. Of these fifty-three took the State board examination with no failures. One successfully passed the St. Vincent Hospital examination; two no examination. This is certainly being successful in State board examinations.

Dr. Adam B. Wolf has removed from 50 Edsall Ave., 172 Foxall St., Brooklyn.

Ohio.

The Northwestern Ohio Eclectic Medical Association held its quarterly meeting in Findlay, April 12. The subjects for discussion were "Scarlatina," "Measles," and the "Care of Laparotomy Patients."

Thursday, April 14, the Ohio Central Eclectic Medical Association met at the Northern Hotel, Columbus. Dr. A. P. Taylor presented a paper on "Lobelia," to be discussed by Drs. J. G. Sherman and I. N. Smith. This society meets the second Thursday of each month.

The Southwestern Ohio Eclectic Medical Association held its bimonthly meeting in the new college building, April 6 at 2 P.M. H. E. Sloan read a paper on "Carbolic Acid," and Lyman Watkins on "Remedies Regularly Endorsed." The next meeting will be held in Blanchester, June 1, when the society will be the guests of Dr. Lyman Watkins.

Home-coming week at the new college building began with the 2nd of May, the commencement May 4.

The State Society meets May 10, 11 and 12 at Springfield.

John Uri Lloyd has been in New York in attendance at the American Pharmaceutical Association, and delivering a series of lectures before the students of the Eclectic Medical College of the City of New York.

H. W. Felter, editor of the *Eclectic Medical Gleaner*, has been a recent victim of pneumonia, but recovered nicely.

W. W. Shriner, M.D., of Cincinnati, will be a candidate for coroner of Hamilton County.

Joseph B. Barker, M.D., of Piqua, has been taking post-graduate work, and purposes to devote his time hereafter to a general office business.

Dr. W. E. Bloyer recently underwent a critical operation. We are happy to say he is making a good recovery.

Dr. B. K. Jones, of Kenton, is doing post-graduate work in Chicago.

Oklahoma.

Dr. Wm. Kelly has located at Larney.

G. E. Miller, a recent graduate of the E. M. I., is located at Mungli, India, and, like other missionary doctors, is a busy man with poor pay.

Dr. Mary L. Gordon, of Pawnee, has removed to Lindsay, Cal.

Dr. B. K. Wood, of Anadarko, on account of his health, has removed to 523 18th Street, Denver, Colo.

Pennsylvania.

Robt. E. Holmes, Harrisburg, has been appointed a member of the Medical Examining Board, Dr. Wm. H. Blake's (Philadelphia) time having expired.

Dr. Luther F. Crawford, of Tyrone, has been reappointed on the Eclectic Board of Medical Examiners.

South Dakota.

The joint session of the Homeopathic and Eclectic State Associations will be held at Mitchell, June 7 and 8. All Homeopathic and Eclectic physicians should endeavor to be present. The Secretary asks for twenty or more men to take good locations yielding from $2,000 to $4,000 yearly.

John C. Baker, M.D. (Lincoln Med., 1907), of Ramona, was maried recently to Miss Edith Corlers, of Riperton, Wis.

Dr. Cranston has removed from Artesian to Garey.

The State Examining Board meets the first part of July.

Texas.

S. T. Pulliam, M.D., has removed from Crowley, La., to Houston, and purposes doing special work on the eye, nose and throat.

Dr. Thomas Kirk, Jr., of Burr Oak, Kansas, has moved to Portland.

E. G. McLaughlin is located at Sherman, and is doing well.

Virginia.

The legislature of Virginia adjourned without repealing the State license tax on practitioners. This seems a rather unjust measure to be imposed on a profession devoting its time to better the physical condition of the citizens.

Along this same line is the action of the finance committee of the Norfolk city council, which decided on a tax on attorneys, physicians, surgeons, oculists, osteopaths, opticians and veterinary surgeons who have practiced

their professions for from one to five years, of $10; for over five years, $25; and, in addition, 1.4 per cent. of the gross receipts from practice in excess of $1,000 for the year ending April 30, provided that the license tax shall not be more than $10 a year or any part thereof, if the receipts be less than $500 for the year preceding.

MARRIAGES.

Frank Hurwitt (A. M. C., 1909), of St. Louis, to Miss Josephine Kowalsky, of St. Louis, October 10, 1909.

John C. Baker, M.D., (Lincoln, 1907), of Ramona, S. D., to Miss Edith Carliss, of Riperton, Wis.

OBITUARY.

Bogart, David Peterson, Eclectic Medical College of the City of New York, 1868, at his home in Whitby, Ont., January 16, 1910, aged eighty-three.

Brooks, Abel D., Eclectic Medical College of the City of New York, 1872, died at his home in Buffalo, January 15, 1910, aged eighty-three.

Clark, Anson L., Eclectic Medical Institute, Cincinnati, 1861, ex-president National Eclectic Medical Association, at his home in Elgin, Ill., April 11, 1910, aged seventy-three.

Clary, Hiram Thomas, Bennett Medical College, 1884, at the home of his son in Kansas City, Mo., January 17, 1910, aged seventy-one.

Coleman, John C., Eclectic Medical Institute, Cincinnati, at his home in New Mansfield, O., January 21, 1910, aged sixty-five.

Davis, Charles B., Bennett Medical College, Chicago, 1869, at the home of his son in Salem, Mo., January 16, 1910, aged seventy-five.

Elliott, Wm. H., American Medical College, St. Louis, 1878, at his home in Bardolph, Ill., March 24, aged seventy-four.

Fogleson, Myron Pelaski, Bennett Medical College, Chicago, 1886, at his home, Harvard, Mich., January 23, 1910.

Goodenough, Josephus, Eclectic Medical Institute, Cincinnati, 1858, at his home in Clarkson, Mich., February 18, 1910, aged seventy-nine.

Hamilton, George F., Bennett Medical College, Chicago, 1870, at his home in Augusta, Wis., December 30, 1909, aged seventy.

Haynes, George Francis, Eclectic Medical Institute, Cincinnati, 1872, at his home in Chicago, January 2, 1910, aged seventy-three.

Hudson, Wm. C., Eclectic Medical Institute, Cincinnati, 1884, at his home in Mulberry, Ark., May 10, 1910.

Hutchinson, John A., Bennett Medical College, Chicago, 1878, at Chelsea, Mass., March 13, 1910, aged sixty-six.

Johnson, J. D., Eclectic Medical Institute, Cincinnati, 1878, suddenly at his home in Wharton, O., February 26, 1910, aged fifty-nine.

Lewis, Susie May, Bennett Medical College, Chicago, 1903, at Green Mountain, Iowa, March 26, 1910, aged fifty-two.

Ling, D. T., Eclectic Medical Institute, Cincinnati, 1882, at his home in Topeka, Kansas.

Linquist, Maurice F., Eclectic Medical College of the City of New York, 1869, at his home in New Haven, April 3, aged eighty-three.

Little, George, Eclectic Medical Institute, Cincinnati, 1883, at Atlanta, February 17, 1910, aged forty-five.

Long, David Thomas, Eclectic Medical Institute, Cincinnati, 1882, at his home in Topeka, Kansas, March 20, 1910, aged sixty-three.

Luellan, Ephraim, Eclectic Medical Institute, Cincinnati, 1863, at his home in Westfield, O., January 13, 1910, aged eighty-five.

Mann, Howard E., Eclectic Medical College of the City of New York, 1873, at his home in Toledo, O., February 20, 1910, aged fifty-nine.

Noble, Edward, Indiana Eclectic Medical College, Indianapolis, 1886, in the Los Angeles County Hospital, January 2, 1910, aged sixty-nine.

Pickerill, Clarence W., Iowa Eclectic Medical College, Des Moines, 1892, at his home in Lake Charles, La.,February 20, 1910, aged thirty-eight.

Potts, Charles N., Eclectic Medical Institute, Cincinnati, 1876, suddenly in his office in Durango, Colo., February 2, 1910, aged fifty-four.

Rudd, Alfred Fowler, American Medical College, Cincinnati, 1857, at his home in Jefferson City, Montana, March 13, 1910, aged seventy-seven.

Sabin, Alexander C., Bennett Medical College, Chicago, 1882, at his home in Fairfield, Neb., March 20, 1910, aged seventy-one.

Sanderson, Samuel E., Eclectic Medical College of Pennsylvania, Philadelphia, 1876, at Madison, Wis., February 5, 1910, aged fifty-nine.

Sawyer, Frank M., Bennett Medical College, Chicago, 1878, at his home, South Bend, Ind., April 9, 1910, aged fifty-nine.

Simms, John H., Eclectic Medical College of Pennsylvania, Philadelphia, 1856, died at his home in Wilmington, Del., March 4, 1910, aged eighty-one.

Smith, Abraham C., Eclectic Medical Institute, Cincinnati, 1879, at his home in Tulsa, Okla., December 19, 1909, aged sixty-eight.

Steward, Wallace, Eclectic Medical Institute, Cincinnati, 1872, at his home in East Clarendon, Vt., March 20, 1910.

Strong, Geo. William, Eclectic Medical College of the City of New York, 1882, died November 7, 1909, aged seventy-three.

Thayer, Ira A., Eclectic Medical Institute, Cincinnati, 1866, at his home in New Castle, Pa., January 24, 1910, aged sixty-one.

Taylor, Theophilus P., Eclectic Medical Institute, Cincinnati, 1881, at his home in Celina, O., February 19, 1910, aged fifty-one.

Way, Samuel Clark, Ohio Eclectic Medical College, Cincinnati, 1866, at Johnson City, Tenn., February 4, 1910, aged seventy-nine.

Whitford, Susan Kendall Daggett, Bennett Medical College, Chicago, 1870, at her winter home in Ozona, Fla., March 18, 1910, aged seventy-three.

THE NATIONAL.

The National Eclectic Medical Association will meet at the Hotel Vendome, Boston, Mass., June 28 to July 1, 1910. At this time Boston is a tourist point, and round-trip tickets are sold from all points at about a fare and a half. Consult your nearest ticket agent for tourist routes and side trips.

Members of the National must pay their annual dues of two dollars through their State society secretary this spring.

New applicants who wish to join, must be members of their State society, and join through it on payment of two dollars in addition to State society dues. This includes the subscription to the new NATIONAL QUARTERLY. There are now nearly 800 members in the National out of a possible 2,300 State members.

The names of new applicants following will be voted on in Boston.

Don't fail to pay your two dollars for the National through your State society, and attend the Boston meeting if you can.

W. N. MUNDY, *Cor. Sec.*,
Forest, O.

ALABAMA.

Fuqua, C. C., Blue Springs.
Simmons, B. K., Blue Springs.

ARKANSAS.

Graves, Mary I., Crosett.
Hinkle, J. W. C., Mountain View.
Jinks, W. F., Brookland.
Acree, W. E., St. Paul.
Darrah, Jos., Paris.
Graves, D. W., Crosett.

CALIFORNIA.

Burleigh, G. W., Los Angeles, 419 W. Douglass Bldg.
Clark, Chas., San Francisco, 521 Pacific Bldg.
Coe, Geo. D., San Francisco, 78 Gage Bldg.
Conner, Ada Scott, San Jose, Garden City Bldg.
Darling, O. C., Riverside.
DeStone, F. G., San Francisco, 1860 Webster St.
Dougall, J. Park, Los Angeles, 337 Douglass Bldg.
Eastman, Merton E., Santa Barbara.
Farrar, J. T., Berkeley, 1977 Virginia St.
Fearn, John, Oakland, Box 364.
Ferguson, Alter P., Santa Anna, 114½ W. Fourth St.
Forster, W. M., San Francisco, 709 Van Ness Ave.
Guglieri, A. A., Oakland, 1095 Seventh St.
Harvey, Geo. W., Repon.
Hervey, Chas. Herman, San Jose, 33 N. Third St.
Mealand, Chas., Sacramento, 719½ K. St.
Mitchell, J. B., Sacramento, 714 Shreve Bldg.
Munk, J. A., Los Angeles, 337½ S. Hill St.
Perce, L. A., Long Beach.
Peterson, F. J., Lompoc.
Scheurer, Balzar W., Long Beach.
Sinclair, Rosa M., San Francisco, 3000 Webster St.
Stout, J. C., E. Oakland, 1263 Twenty-third Ave.
Tuchler, A. S., San Francisco, 703 Van Ness Ave.
Unger, C. W., Los Angeles, 106½ S. Broadway.
Vandre, H., San Francisco, Sta. L.
Welbourn, O. C., Los Angeles.
Wheeler, Ira, Heraldsburg.

COLORADO.

Burgin, C. H., Delta.
Homsher, L. D., Denver, 1209 Seventeenth St.
Patterson, W. O., Pueblo.
Pembroke, W. K., Denver, 2507 Race St.

CONNECTICUT.

Faber, Geo. A., Waterbury.
Hair, J. E., Bridgeport, 730 State St.
Smith, J. D. S., Bridgeport.
Smith, Elizabeth, Bridgeport.

FLORIDA.

Bennett, C. E., Pensacola.
Chapman, B. A., Dowling Park.
Mann, J. M., Branford.
Miller, G. C., Earyville.
Strickland, H. M., Jacksonville.
Whidden, E. K., Punta Gorda.

GEORGIA.

Alexander, J. W., Reidsville.
Collinsworth, P. L., Clarkston.
Bennett, J. W., Augusta.
Darnell, J. S., Talking Rock.
DeVore, J. R., Suwann.
Doss, Geo. A., Atlanta.
Durham, W. M., Woodville.
Elder, C. D., Marietta.
Findley, J. F., Cave Springs.
Goss, J. H., Jr., Decatur.
Gramling, Robert E., Atlanta.
Grimes, Chas. W., Crosland.
Jinks, M. W., Lawrenceville.
Johnson, W. H., Atlanta.
Johnson, M. T., Lawrenceville.
Johnson, D. N., Atlanta.
Jones, Dewitt, Cummings.
Landrum, W. L., Taylorsville.
Lee, T. M., Gloster.
McDonald, Paul, Bolton.
Miller, C. W., Atlanta.
Moore, B. F., Elberton.
Pierce, N. H., Suwann.
Powell, J. H., Atlanta.
Quillian, W. H., Bolton.
Ryan, L. A., Atlanta, R. D., No. 7.
Steed, J. H., Spring Place.
Smith, R. J., Atlanta, 307-9 Gould Bldg.
Vinings, J. H., Atlanta.
Wells, J. S., Griffin.
White, John W., Ft. McPherson, R. D. No. 68.
Wilson, C. N., Maysville.
Youmans, H. D., Surrency.
Young, L. S., Moreland.

ILLINOIS.

Bushnell, C. H., Chicago, 1680 N. Clark St.
Billings, J. S., Athensville.
Boehm, Chas., Chicago, 2576 Emerald Ave.
Eaton, J. B., Chicago, 954 Wrightwood Ave.
Graves, N. A., Chicago, 2258 Cornelia St.
Herman, W. F. C., Chicago, 428 N. Adams St.
Keith, Lon S., Towanda.
Kirkpatrick, R. B., Peoria.
Owings, Thos., Hinkly.
Palmer, F. L., Noble.
Price, V. C., Chicago, 2868 State St.
Raber, D. D., Plano.
Reading, Arthur H., Chicago, 6444 Lexington Ave.
Watson, J. E., Alton.

INDIANA.

Billman, J. M., Sullivan.
Kidd, Walter John, Burlington.
Rhein, Alfred Erwin, Rosedale.

IOWA.

Maple, W. W., Des Moines.
Price, P. F., Milo.
Von Lackum, H. J., Dysart.
Yeomans, Wm. G., Cedar Bluff.

KANSAS.

Alexander, B. J., Hiawatha.
Artman, B. E., Cheney.
Baird, O. C., Chanute.
Bronson, D. E., Olathe.
DeMarr, L. H., Olivet.
Entz, J. C., Hope.
Gillman, M. J., Florence.
Gress, P. C., Atchison.
Hatfield, F. P., Olathe.
Hoover, Eli, Halstead.
Hurd, M. C., Cassady.
Isley, J. P., Vesper.
Jones, P. C., Lenixa.
Jones, W. S., Baxter Springs.
Kirk, Thomas, Burr Oak.
Lock, G. E., Holton.
Meckfessel, G. H., Albert, Barton Co.
Michner, R. E., Mulvane.
Murphy, S. H., Thayer.
Pace, E. C., Ossamotomie.
Pain, O. C., Humboldt.
Parker, J. A., Kansas City, Thirteenth and Grand Ave.
Rader, I. A., Caney.
Rich, W. M., Clements.
Rochelle, H. L., Kansas City, 710 Riverview Ave.
Rochelle, M. A., Kansas City, 710 Riverview Ave.
Scott, J. E., Kansas City, 630 Minn. Ave.
Shaffer, Jos., Sompson.
Shiveley, S. S., Kansas City, 507 Kansas Ave.
Smith, W. M. H., Kansas City, 1520 N. Fifth St.
Webster, C. S., White City.
Welsh, C. I., Clifton.
Woodard, J. J., Olathe.

KENTUCKY.

Patterson, H. D., Millersburg.
Rudd, R. T., Fulton.

LOUISIANA.

James, D. E., Royal.

MAINE.

Reny, Henry, Biddeford.

MASSACHUSETTS.

Johnson, G. R., Templeton.
Pratt, Samuel B., Boston, 378 Newbury St.
Miles, C. Edwin, Boston, 126 Warren St.
Keck, C. E., Cummaquid.

MEXICO.

Benneforf, Theo., Jicotencal, Tamalpis.

MICHIGAN.

Sackett, C. S., Charlotte.

OHIO.

Beck, Colon, Clyde.
Bennett, Herman, New Lexington.
Berry, Joseph, Cincinnati.
Blaine, Harry G., Chicago.
Bowles, Thomas G., Harrison.
Brinckerhoff, E., Bristolville.
Brower, J. J., Coshocton.
Buck, E. B., Waterville.
Burson, Aaron F., Oakwood.
Carey, W. W., Green Springs.
Clotts, D., Columbus, Savings & Trust Bldg.
Cooper, J. E., Springfield.
Dice, J. P., Xenia.
Dillahunt, W. G. S., Springfield.
Dodge, J. D., Collinwood, 5027 Granger Ave.
Dozer, Ellis I., Crooksville.
Duke, W. B., Richwood.
Evans, J. B. K., McGuffey.
Floor, I. M., Petersburg.
Gregg, E. H., Dayton, R. F. D. No. 8.
Green, A. F., Cleveland, 8315 Cedar Ave.
Hagen, J. S., Cincinnati, 1506 Harrison Ave.
Hanna, Myron, Haviland.
Harding, C. L., Bellevue.
Hayes, James, Dayton.
Hobby, A. W., Sidney, 929 Main Ave.
Hollingsworth, T. D., Akron.
Holtzmuller, C. W., Farmersville.
Hurst, G. A., Dorset.
Hurst, J. L., Dorset.
Iden, O. L., Somerset.
Kirkland, H. B., Berea.
Lear, F. W., Coshocton.
Leeds, Frederick C., Batavia.
McElhinney, F. B., New London.
McElhinney, J. E., Mansfield, 36 S. Mulberry St.
McHenry, J. L., Hamilton.
McHenry, O. P., Hamilton.
McMillen, Bishop, Shepard.
Morrow, M. M., Springfield, R.F.D.No. 6.
Phillips, Wm., Jackson.
Ralston, Oscar, Bellefontaine.
Rathbun, A. J., Burghill.
Sager, W. H., Marion.
Schirick, J. A., St. Henry.
Schooley, E. W., Toledo, 21 The Schmidt.
Shephard, Wm., Shepard.
Shuey, Austin, Prospect.
Sibert, S. H., Wapakoneta.
Sifrit, N., Larue.
Sloan, E., Marietta.
Southard, J. D., Carey.
Stadtler, C. E., West Cairo.
Sutter, J. J., Bluffton.
Sutton, J. G., Rushsylvania.
Taylor, R. B., Columbus, 68 Fifth Ave.
Welty, S. F., Hicksville.
White, W. A., Canton.
Wolfe, Edmond A., Dennison.
Wurtzbaugh, F. F., Richwood.
Zolman, E. E., Ohio City.

NEW YORK.

Anderson, M. E., Buffalo, 716 Main St.
Babcock, —, Buffalo, 633 Main St.
Barnsdell, J. T., Buffalo, 633 Main St.
Cornwall, B. W., Buffalo, 633 Main St.
Cummings, Chas., Buffalo, 560 Auburn Ave.
Garrett, J. H., Buffalo, 633 Main St.
Hayes, F. M., Buffalo, 716 Main St.
Lowe, Phoebe, Liberty.
Perine, Oscar A., Brooklyn, 994 Halsey St.
Pierce, F. D., Buffalo, 633 Main St.
Pierce, R. V., Buffalo, 633 Main St.
Pierce, V. Mott, Buffalo, 633 Main St.
Rheinhart, Geo. A., Buffalo, 633 Main St.
Smith, Lee H., Buffalo, 633 Main St.
Thompson, G. R., Luzerne, Warren Co.

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Coe, U. C., Bend.
Davis-Bean, S. A., Salem, Ore.
Henderson, H. L., Astoria.

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Stouffer, P. J., Pittsburg, 1205 Grandview Ave.
Glenn, T. O., Bradford.
Hemminger, Chas. J., Rockwood, Box 33.

MINNESOTA.

Thorson, E. O., Luvern.

MISSOURI.

Billenkamp, S., St. Louis, 2332 Whitmore Place.
Dean, C. B., Waverly.
Gillaland, J. L., Olean.
James, W. J., Excelsior Springs.
Longfield, F. J., Lathrop.
Johnson, O. A., Kansas City, 1233 Grand Ave.
Rigg, C. H., Middletown.
Whitford, E. P., Westboro.
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NEBRASKA.

Bennett, Isaiah, Wilsonville.
DeOgney, P. A., Milford.
O. T. Hansen, Walson.
Keys, Jerome, Omaha, 25 Douglass Blk.
Latta, E. J., Kenesaw.
Morrow, J., Seward.
Stewart, S. J., Kenesaw.
Walker, A. E., Nehawka.
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NEVADA.

Martin, J. P., Lovelock.

SOUTH DAKOTA.

Bailey, N. L., Lake Preston.
Daniels, W. E., Madison.
Goldman, E. W., Madison.
Graves, H. S., Hurley.
Greenfield, J. C., Avon.
Stine, Milo B., Crooks.
Suddard, G. W., Hayti.
Willoughby, F. C., Winifred.

VERMONT.

Waite, H. N., Johnson.

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Aylesworth, Geo. N., Collinwood, Ont.

OKLAHOMA.

Gumm, Jay, McMillen.

The Hotel Vendome is situated on Commonwealth Avenue, one of the finest thoroughfares in the city, and is so situated as to afford a fine view of some of the most prominent streets of the city. Boston Commons, associated so prominently with the early struggles of our country, is not far; in fact, is in plain view.

Abundant rooms are provided for meeting, exhibit and committee section work, five in all, conveniently located, accessible, well lighted and commodious.

Meeting in this city, the "cradle of American liberty," we ought to have one of the best meetings in our history. It is proper and fitting that at this time, when the liberty to think, act and do as one desires, though not conflicting with the rights of others, is being constantly abridged and hedged about us, that we meet in that grand old Bay State, filled as it is with historic landmarks and memories, abounding with places of interest connecting so intimately with our early struggles, and where men did not hesitate, when occasion demanded, to proclaim their honest views and opinions.

The personnel of the local committee assures success, so far as their work is concerned. The balance depends upon the committees announced herewith. Let each one do his full duty, and be prepared to make his report. Work done promply is always well done. Delays are always dangerous.

Secretaries of the State societies are also urged to complete their lists. Let each one do his share, his full share; it will then not burden anyone.

At this season of the year excursion rates prevail to the East, and we can all take advantage of the opportunity to go East. Opportunities for side trips after the adjournment of the Association are many—so many, in fact, it will be impossible to enjoy them all.

Make your arrangements to attend the National at the end of the month.

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Second Vice-President—F. P. Hatfield, M.D., Olathe, Kan.
Third Vice-President—H. H. Blankmyer, M.D., Honey Grove, Texas.
Recording Secretary—Wm. P. Best, M.D., 2218, E. Tenth St., Indianapolis, Ind.
Corresponding Secrtary—W. N. Mundy, M.D., Forest, O.
Treasurer—E. G. Sharp, M. D., Guthrie, Okla.

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Secretary—W. S. Glenn, M.D., State College, Penn.

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California ..... J. P. Dougall, M.D., Los Angeles.
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Southwestern Ohio.. Lyman Watkins, M.D., Blanchester.
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Oklahoma ..... B. K. Wood, M.D., Anadarko.
Oregon ..... H. L. Henderson, M.D., Astoria.
Pennsylvania ..... C. J. Hemminger, M.D., Rockwood.
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Texas ..... H. H. Blankmeyer, M.D., Honey Grove.
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BOSTON IN 1910.

The Eclectics throughout the country have been pretty well informed of the fact that the annual meeting of their National Medical Association will be held on June 28 to July 1 inclusive, at Boston, Mass.

The word Boston is one that awakes the thrills of pride and patriotism in the hearts of every true lover of this broad and glorious country, and causes them to make a firm resolve to visit its historic places which commemorate so much that has tended to make our nation what it is to-day—a recognized leader in all that makes for the best for the countries of the world.

Bostonians are famous for their pride in the place of their abode. This is somewhat of a mystery to those who are not familiar with its many attractions but is well understood by all who have come to know the variety and excellence of its many pleasing features.

Your Committee of Arrangements are especially pleased that they are able to offer you such a delightful spot for your deliberations this year, and trust that every one who reads these words will make a big, strong effort to come and see for themselves that the beauties of Boston have not been exaggerated.

Association Headquarters.—The Hotel Vendome, one of Boston's celebrated hostelries, situated on the world-famed residential street, Commonwealth Avenue, with its attractive walk between the rows of greensward and graceful trees in the center, has been selected as Convention Headquarters. The hotel is conducted on the American plan and the management have made us the liberal rate of $4.00 per day. For those rooms which have a bath connected there will be an additional charge of $1.00 per day, which will be divided among the number using the bath. Many of the rooms are arranged in suites, and it is very desirable for those making applications in advance for their accommodations to so arrange that those congenial may be placed together. The hotel management also desires that all applications for rooms should be addressed to the Chairman of the Committee of Arrangements, and be forwarded at as early a date as possible so that much delay may be prevented at the time of arrival.

Rooms for the Meeting.—Ample accommodations have been secured for the use of the Association on the first floor of the hotel. These are so situated that the convention will practically be by itself. The general meeting room is admirably adapted for the purpose, as are also those for section work, exhibits and the various committees.

Instructions for Reaching Headquarters.—In order to save time and prevent confusion all persons coming into Boston on the Boston & Albany Railroad, should check their baggage to and leave the train at the Huntington Avenue Station; those coming into Boston on the New York, New Haven & Hartford Railroad should check their baggage to and get off the train at the Back Bay station. Both of these stations are within three minutes' walk of the hotel headquarters. Those who come over the Boston

& Maine Railroad will take surface cars to the Park Street subway, where they will change for a Boylston Street car and alight at Dartmouth Street, which is only two short blocks from the Hotel Vendome.

Reception Committee.—A Reception Committee consisting of Drs. John Perrins, Augustus L. Chase, Nathan L. Allen, Lillian G. Bullock and Sylvina A. Abbott has been appointed by the Massachusetts Eclectic Medical Society to assist in welcoming and to assist in any possible manner our visiting guests.

Entertainment.—The wealth of our resources from which to select the entertainment of the Association is so great and the time which has been placed at our disposal so limited, that it has been decided to leave the announcement of this part of the program until the first day of the convention. We are, however, prepared to promise that all the time allotted to us will be used in such a manner that all will be more than satisfied. A special outing will be arranged for the visiting lady guests.

PITTS EDWIN HOWES, M.D., *Chairman,*
CHARLES W. BRANDENBURG, M.D., *Secretary,*
FREDERICK WALLACE ABBOTT, M.D., *Treasurer,*
FRANK WEBB, M.D.,
PERCY L. TEMPLETON, M.D.,
A. WALDO FORBUSH, M.D.,
C. EDWIN MILES, M.D.,
FRED. G. PHILLIMORE, M.D.,
SAMUEL A. HARDY, M.D.,
WM. L. HEEVE, M.D.,
D. P. BORDEN, M.D.,
Committee of Arrangements.

PROGRAM.

SECTION I—MATERIA MEDICA AND THERAPEUTICS.

Chairman—H. W. Felter, M.D.,.....1733 Chase Avenue, Cincinnati, O.
Vice-Chairman—John W. Fyfe, M.D.....Saugatuck, Conn.
Secretary—Finley Ellingwood, M.D.....2209 Central Street, Evanston, Ill.

Amidon, C. S.....Cincinnati, O.
1. Antitoxin.

Baird, O. C.....Chanute, Kan.
1. Gossypium.
2. Therapeutics of Muco-Enteritis in Children.

Baker, V. A.....Adrian, Mich.
1. Therapeutics of Chronic Prostatitis.
2. Therapeutics of Pernicious Anemia.

Beaumont, F. P.....New Cumberland, W. Va.
1. Cannabis.

Best, Wm. P.....Indianapolis, Ind.
1. Solanum.
2. Therapeutics of Whooping-Cough.

Boskowitz, Geo. W.....New York, N. Y.
1. Lobelia.

Bowles, Thos. ..... Harrison, O.
1. Vaginal Tampons.

Bullock, Lillian J. ..... Manchester, N. H.
1. Capsicum.

Crance, A. J. ..... Pasadena, Cal.
1. Hyoscyamus.
2. Therapeutics of Hiccough.

Dean, C. B. ..... Wakenda, Mo.
1. Hypodermic Lobelia in Broncho-Pneumonia and Membranous Croup.

Dech, Elmer J. ..... Easton, Pa.
1. Bryonia.
2. Therapeutics of Chronic Laryngitis.

Ellingwood, Finley ..... Chicago, Ill.
1. Geranium.
2. Therapeutics of Gastric Ulcer.

Fearn, John ..... Oakland, Cal.
1. Eucalyptus.
2. Therapeutics of Erysipelas.

Forbush, A. Waldo ..... Somerville, Mass.
1. Calcium Sulphide.

Fyfe, John Wm. ..... Saugatuck, Conn.
1. Echinacea in Chancroids.

Gorden, Elias ..... Brooklyn, N. Y.
1. Asclepias Tuberosa and Its Action in Eruptive Fevers and Bronchitis.

Graves, N. A. ..... Chicago, Ill.
1. Veratrum.

Hagen, J. Stewart ..... Cincinnati, O.
1. Normal Salt Solution.
2. Therapeutics of Diffuse Peritonitis.

Halbert, W. H. ..... Nashville, Tenn.
1. Macrotys.
2. Therapeutics of Pellagra.

Harbert, J. P. ..... Bellefontaine, O.
1. Eserine.
2. Therapeutics of Phlyctenular Keratitis.

Harris, H. ..... New York, N. Y.
1. Piscidia.

Harvill, J. Paul ..... Nashville, Tenn.
1. Cascara Sagrada.
2. Therapeutics of Angina Pectoris.

Hauss, A. P. ..... New Albany, Ind.
1. Chionanthus.
2. Therapeutics of Acute Bronchitis.

Heeve, W. P. ..... New York, N. Y.
1. Therapeutics of Chronic Diarrhea.

Helbing, H. H. ..... St. Louis, Mo.
1. Senecio.
2. Therapeutics of Pyelitis.

Hodge, Thomas S. ..... Torrington, Conn.
1. Macrotys.

Hollingsworth, T. D. ..... Akron, O.
1. Pulsatilla.
2. Therapeutics of Ovaritis.

Holmes, W. N. ..... Nashville, Tenn.
1. Echinacea.
2. Therapeutics of Gonorrheal Arthritis.

Howes, Pitts Edwin ..... Boston, Mass.
1. Dioscorea.
2. Therapeutics of Fermentative Dyspepsia.

Jentzsch, E. ..... Chicago, Ill.
1. Lobelia.
2. Therapeutics of Diphtheria.

Gordon, Elias ..... Brooklyn, N. Y.
1. Phosphorus Externally in Skin Diseases, Especially Warts.

Keys, I. M. ..... Omaha, Neb.
1. Apocynum.
2. Therapeutics of Ascites.

Leming, W. ..... Tucumcari, N. M.
1. Thuja.
2. Therapeutics of Acute Cystitis.

Lloyd, Chas. ..... Brooklyn, N. Y.
1. Collinsonia.
2. Therapeutics of Chronic Constipation.

Miles, C. Edwin ..... Boston, Mass.
1. Therapeutics of Rachitis.

Mundy, W. N. ..... Forest, O.
1. Belladonna.
2. Therapeutics of Scarlet Fever.

Munk, J. A. ..... Los Angeles, Cal.
1. Anemopsis.
2. Therapeutics of Nasal Catarrh.

Neifer, F. J. ..... South Bend, Ind.
1. Baptisia.
2. Therapeutics of Ringworm.

Perce, L. A. ..... Long Beach, Cal.
1. Digitalis.

Sharp, E. G. ..... Guthrie, Okla.
1. Ergot.
2. Therapeutics of Pulmonary Hemorrhage.

Sherman, S. M. ..... Columbus, O.
1. Bryonia.

Sloan, H. E. ..... Cincinnati, O.
1. Mercuric Chloride.
2. Post-Operative Therapeutics of Appendicitis.

Spencer, J. R. ..... Cincinnati, O.
1. Guaiac.

Stephens, A. F. ..... St. Louis, Mo.
1. Viburnum Prunifolium.
2. Therapeutics of Amenorrhea.

Thomas, R. L. ..... Cincinnati, O.
1. Therapeutics of Typhoid Fever.

Truax, Florence Tippett ..... Atlanta, Ga.
1. Normal Salt Solution.
2. Therapeutics of Toxemia.

Turner, W. S. ..... Newark, O.
1. Apis.
2. Therapeutics of Facial Neuralgia.

Waddington, J. E. G.....Detroit, Mich.
1. Lobelia.
Watkins, Lyman .....Blanchester, O.
1. Pulsatilla.
2. Therapeutics of Syphilis.
Webb, Frank .....Bridgeport, Conn.
1. Echinacea.
2. Therapeutics of Varicose Ulcers.

SECTION II—PRACTICE OF MEDICINE.

Chairman—J. D. McCann, M.D.....Monticello, Ind.
Vice-Chairman—Lee Strouse, M.D.....Covington, Ky.
Secretary—T. A. E. Evans, M.D.....Farmers, Ky.

Hemminger, C. J.....Rockwood, La.
1. Capillary Bronchitis.
Metheny, Samuel .....Lincoln, Neb.
1. Chronic Catarrhal Gastro-Enteritis.
Turner, W. S.....Newark, O.
1. Dropsy.
McCann, J. D.....Monticello. Ind.
1. Pellagra.
Holmes, Geo. W.....Sharps, Fla.
1. Hookworm Disease.
Lloyd, J. U.....Cincinnati, O.
1. Why the Eclectic Practice is a Success.
Truax, Florence Tippett.....Atlanta, Ga.
1. A Case of Hypodermatic Medication.
Strouse, Lee .....Covington, Ky.
1. Typhoid Fever.
White, J. H.....Texarkana, Tex.
1. Pneumonia.
Fuller, Geo. T.....Mayfield, Ky.
1. White Liquid Physic.
Sells, V. .....New York, N. Y.
1. Hyperacidity and Its Treatment.
Abbott, Frederick Wallace.....Taunton, Mass.
1. The Remaking of Medicine.
Belknap, M. C.....Mayville, N. Y.
1. The Mitral Valve and Its Diseases.
Gibbs, J. W.....New York, N. Y.
1. Obesity a Disease: Its Cause and Cure.

SECTION III—SURGERY.

Chairman—Edwin J. Farnum.....103 State Street, Chicago, Ill.
Vice-Chairman—L. W. Heeve.....309 Sumner Avenue, Brooklyn, N. Y.
Secretary—J. B. Davis.....Pontiac, Ill.

Hagen, J. Stewart .....Cincinnati, O.
1. Hernia.
Sloan, H. E.....Cincinnati, O.
1. Inguinal Hernia in the Female, with Report of an Unusual Case.
Russell, L. E.....Cincinnati, O.
1. Cancer of the Uterus: Surgical Technique and Results Three Years Following the Operation.

Farnum, Edwin J.....Chicago, Ill.
1. Suppurative Peritonitis.
McKitrick, A. S.....Kenton, O.
1. Empyema.
Huntley, J. H.....Lima, O.
1. Tubercular Peritonitis.
Heeve, Wm. L.....Brooklyn, N. Y.
1. Septic Peritonitis.
Boskowitz, Geo. W.....New York, N. Y.
1. Results of Surgical Treatment for Cancer.
Schussler, W. R.....Orland, Ill.
1. Surgical Operations Occurring in the Practice of the Country Doctor.
Cook, L. E.....Forest, O.
1. Bone Tuberculosis.
Stephens, A. F.....St. Louis, Mo.
1. Pelvic Abscess: A Case.
Helbing, H. Hugh.....St. Louis, Mo.
1. Tuberculosis of the Peritoneum.
Church, W. B.....Cincinnati, O.
1. Some Reflections Concerning Gonorrhea.
Muncie, Elizabeth Hamilton .....Brooklyn, N. Y.
1. Moral Illnesses from the Surgeon's Viewpoint.
Davis, J. B.....Pontiac, Ill.
1. Surgery from an Eclectic Viewpoint.
Wilmeth, F. L.....Lincoln, Neb.
1. Cancer or Malignant Disease and Its Treatment.

SECTION IV—GYNECOLOGY.

Chairman—O. C. Welbourn,.....Security Bldg., Los Angeles, Cal.
Vice-Chairman—Earl H. King.....Saratoga Springs, N. Y.
Secretary—M. B. Pearlstein.....309 Hawes Street, Brooklyn, N. Y.

Winters, C. G.....Indianapolis, Ind.
1. Is the Immediate Repair of the Cervix Uteri Advisable?
Welbourn, O. C.....Los Angeles, Cal.
1. Uterine Arterio-Sclerosis.
Pearlstein, M. B.....Brooklyn, N. Y.
1. Dry Heat Versus Moist Heat in Uterine Diseases.
Hinton, G. A.....Hot Springs, Ark.
1. Specific Infection in Gynecological Practice.
Perce, L. A.....Long Beach, Cal.
1. Medical Gynecology.
Helbing, H. Hugh.....St. Louis, Mo.
1. A Review of Recent Gynecological Technique and Uterine Fibroids.
Wilmeth, F. L.....Lincoln, Neb.
1. Uterine Cancer and Ptosis of Abdominal Viscera.
Stephens, A. F.....St. Louis, Mo.
1. Capillary Congestion and Its Relation to Diseases of the Uterus and Ovaries.
Holmes, W. N.....Nashville, Tenn.
1. Curettage.
Moran, James .....New York, N. Y.
1. Some General Conditions Concerning Leucorrhea and its Treatment.

SECTION V—OBSTETRICS.

Chairman—W. N. Ramey.....Lincoln, Neb.
Vice-Chairman—Samuel A. Hardy.....224 E. Third Street, Manhattan, N. Y.
Secretary—Nannie M. Glenn.....State College, Pa.

Smith, J. O. S.....Bridgeport, Conn.
1. Some of My Obstetrical Experiences.

King, E. H.....Saratoga, N. Y.
1. Anesthesia and Anesthetics in Obstetrics.

Glenn, Nannie M.....State College, Pa.
1. Eclampsia Parturientium.

Muncie, Elizabeth Hamilton.....Brooklyn, N. Y.
1. Early Recognition of Cicatrix in the Cervix.

Reny, Henry .....Biddeford, Me.
1. Eclampsia Parturientium.

Potter, G. E.....Newark, N. J.
1. Obstetrical Odors.

Wells, J. M.....Vanceburg, Ky.
1. Obstetrical Emergencies.

Sutton, J. G.....Rushsylvania, O.
1. Specific Obstetrical Practice.

McCann, J. D.....Monticello, Ind.
1. Some Experiences in Obstetrics.

Simmons, Benj. .....Granville, Tenn.
1. Some Things About Infection in the Lying-in State.

Welsh, C. I.....Clinton, Kan.
1. Placenta Previa.

Munn, S. B.....Waterbury, Conn.
1. My Peculiar Experiences in Obstetrics.

Rauch, Wm. .....Johnstown, Pa.
1. Causes of Death of Fetus in Utero.

Matthews, John B.....Blue Mound, Ill.
1. Puerperal Fever.

Donner, John A.....Holyoke, Mass.
1. Placenta Previa.

Ross, Lydia .....Point Loma, Cal.
1. The Capillary Circulation During Labor.

Jones, Marietta Grant McG..... .....Dorchester, Mass.
1. The Importance of the Perfect Equilibrium of the Nervous System of the Parturient.

SECTION VI—PEDIATRICS.

Chairman—J. E. G. Waddington.....Detroit, Mich.
Vice-Chairman—Lillian J. Bullock.....Manchester, N. H.
Secretary—Ethel H. Richardson.....835 Cedar Street, Quincy, Ill.

Mundy, W. N.....Forest, O.
1. The Bottle-Fed Baby and What Its Bottle Should Contain.

Shewman, E. B.....Pleasant Ridge, O.
1. The Anatomy, Etiology and Treatment of Spinal Curvature.

Sherman, H. J.....Newark, N. J.
1. Atrophic Spinal Paralysis.

Jentzsch, E. .....Chicago, Ill.
1. Diphtheria Cured Without Antitoxin.

Borland, J. R.....Franklin, Pa.
1. Infant Feeding.

Baker, V. A. ..... Adrian, Mich.
1. Example: Its Influence from the Cradle to the Grave.
Crowell, F. B. ..... Lawrence, Mich.
1. Summer Diarrhea.
Felter, H. W. ..... Cincinnati, O.
1. Croup.
Watkins, Lyman ..... Blanchester, O.
1. Capillary Bronchitis.
Sackett, C. S. ..... Charlotte, Mich.
1. Intestinal Parasites.
Watkins, R. L. ..... New York, N. Y.
1. The Importance of Blood Examination in Certain Diseases of Children.
Mather, Enoch ..... Detroit, Mich.
1. Infant Limbs and Their Growth.
Hinds, C. Harriet ..... East Orange, N. J.
1. The Study of Pediatrics as an Investment for the Physician.

SECTION VII—ORIFICIAL SURGERY.

Chairman—Elizabeth Hamilton Muncie ..... Brooklyn, N. Y.
Vice-Chairman—O. L. Massenger ..... Bridgeport, Conn.
Secretary—J. T. Farrar ..... Berkeley, Cal.

Sawyer, C. E. ..... Marion, O.
1. The Confirmation of Experience.
Farrar, J. T. ..... Berkeley, Cal.
Subject Unannounced.
Massinger, O. L. ..... Bridgeport, Conn.
Subject Unannounced.
Richardson, Delma D. ..... Chicago, Ill.
Subject Unannounced.
Muncie, Elizabeth Hamilton ..... Brooklyn, N. Y.
1. Orificial Surgery and the Pubescent Period.
Muncie, Edward H. ..... Brooklyn, N. Y.
1. Metabolic Disturbances Dependent Upon Rectal and Sigmoid Diseases.
Wilmeth, F. L. ..... Lincoln, Neb.
1. The Limitations of Orificial Surgery.

SECTION VIII—ORTHOPEDICS.

Chairman—H. Hugh Helbing ..... St. Louis, Mo.
Vice-Chairman—O. C. Baird ..... Chanute, Kan.
Secretary—W. N. Holmes ..... Nashville, Tenn.

Strouse, Lee ..... Covington, Ky.
1. Torticollis.
Younkin, E. ..... Villa Ridge, Mo.
1. Coxa-Vera.
Stevenson, E. H. ..... Ft. Smith, Ark.
1. Scoliosis.
Farnum, E. J. ..... Chicago, Ill.
1. Present Status of Tubercular Spondylitis.
Wilmeth, F. L. ..... Lincoln, Neb.
1. Treatment of Congenital Talipes.
Link, J. J. ..... St. Louis, Mo.
1. Importance of Early Diagnosis of Tuberculosis of the Hip-Joint.

SECTION IX—NEUROLOGY, OPHTHALMOLOGY AND OTOLOGY.

Chairman—F. L. Wilmeth.....1215 S. Fourteenth Street, Lincoln, Neb.
Vice-Chairman—Theo. A. Adlerman.....70 Rogers Street, Brooklyn, N. Y.
Secretary—William Shepard .....Columbus, O.

Adlerman, Theo. A.....Brooklyn, N. Y.
1. Neurosis and Psychiatry.

Ball, Emmett V.....Atlanta, Ga.
1. Diseases of the Membrana Tympani with Special Reference to Acute and Chronic Otitis Media.

Best, Wm. P.....Indianapolis, Ind.
1. Agoraphobia.

Sibley, J. Thornton.....New York, N. Y.
1. The Three Epochs in the Development of Modern Psychotherapeutics.

Amidon, C. S.....Cincinnati, O.
1. Puncture Wounds of the Eyeball and Treatment.

Harbert, J. P.....Bellefontaine, O.
1. Conjunctivitis, Internal Treatment.

SECTION X—PHYSIOLOGY AND PATHOLOGY.

Chairman—Lyman Watkins .....Blanchester, O.
Vice-Chairman—Robert L. Watkins.....New York, N. Y.
Secretary—S. M. Sherman.....Columbus, O.

Warner, L. H.....Brooklyn, N. Y.
1. Subject Unannounced.

Watkins, Lyman .....Blanchester, O.
1. Differential Pathology of Carcinoma and Sarcoma.

Watkins, Robert L.....New York, N. Y.
1. Microzyoma, the Component of the Cell.

Holmberg, G. E.....New York, N. Y.
1. Papilloma of the Larynx.

Sherman, S. M.....Columbus, O.
1. Atheroma.

Bowen, Artemisia .....New York, N. Y.
1. Kissing.

Lohman, J. Herman.....Jersey City, N. J.
1. The Value of Pasteurized and Sterilized Milk as a Food.

Meyer, M. .....New York, N. Y.
1. The Origin of Life and Its Sustenance.

Drayton, H. S.....New York, N. Y.
1. Rational Therapy in Diseases of the Nutritive Organism.

SECTION XI—GENITO-URINARY DISEASES.

Chairman—E. H. Stevenson.....Ft. Smith, Ark.
Vice-Chairman—C. W. Winter.....Indianapolis, Ind.
Secretary—J. Allen Rowe.....Buffalo, N. Y.

Rowe, J. Allen.....Buffalo, N. Y.
1. Urinary Fistula and Perineal Abscess.

Hinton, G. A.....Hot Springs, Ark.
1. Specific Urethritis.

Young, A. B.....Brownsville, Tenn.
1. Hematuria.

Laws, C. E.....Ft. Smith, Ark.
1. Prostatectomy.

Smith, R. L. ..... Russellville, Ark.
1. That Uncured Gonorrhea.
Schaefer, G. W. ..... New York, N. Y.
1. Cystitic Troubles, Causes and Cure.
Winter, Carl ..... Indianapolis, Ind.
1. Suprapubic Cystotomy for Relief of Chronic Cystitis with Retention Caused by Enlarged Prostate.
Stevenson, E. H. ..... Ft. Smith, Ark.
1. Some Causes of Calculi.
Pratt, A. B. ..... Boston, Mass.
1. Syphilis and Serum.
Fish, E. L. ..... West Valley, N. Y.
1. Accidental Inoculation with Syphilis.

SECTION XII—MANUAL THERAPEUTICS.

Chairman—W. E. Kinnett ..... Peoria, Ill.
Vice-Chairman—H. N. Waite ..... Johnson, Vt.
Secretary—John R. Spencer ..... Cincinnati, O.

Allen, Nathan L. ..... Boston, Mass.
1. Electricity in the Treatment of Menstrual Disorders.
Rudd, R. T. ..... Fulton, Ky.
1. The Vibrator in Insomnia.
Adolphus, George ..... Atlanta, Ga.
1. Electro-Therapy.
Thornton, F. E. ..... Chicago, Ill.
1. Is Mechanical Therapy a Failure.
Spencer, J. R. ..... Cincinnati, O.
1. The Uses of the Faradic Current.
Dunn, D. Winton ..... Du Quoin, Ill.
1. Electro-Therapy.
Kampen, H. L. ..... Monmouth, Ill.
1. What I Know About the Vibrator in Lumbago.
Stephens, A. F. ..... St. Louis, Mo.
1. Does It Pay to Own a Vibrator.
Liesmann, C. ..... Chicago, Ill.
1. Light Therapy.
Davis, J. B. ..... Pontiac, Ill.
1. Galvanism in Uterine Disease.
Owings, Thos. ..... Hinckley, Ill.
1. The Use of the Vibrator in Spinal Irritation.
Kinnett, W. E. ..... Peoria, Ill
1. Mechanical Therapeutics.
Standlee, J. B. ..... Peoria, Ill.
1. Vibratory Stimulation.
Sharp, E. G. ..... Guthrie, Okla.
1. Electricity in Skin Diseases.
Winter, Carl ..... Indianapolis, Ind.
1. Is Mechanical Therapy Necessary to the Success of the Physician?
Juettner, Otto ..... Cincinnati, O.
1. The Minor Rays.

It might be well to insert just previous to our annual meeting portions of the Constitution and By-Laws.

The Association is an incorporated society by the law of New York, passed March 21, 1871, and subject to the provisions of title third, chapter

eighteen of the Revised Statutes and General Laws for the Government of Scientific and Benevolent Associations.

ARTICLE III—MEMBERSHIP.

This Association shall consist of such permanent members as are members in good standing of the several State societies auxiliary, and of such other members joining independently where there is no State society.

BY-LAWS.

ARTICLE I—MEMBERSHIP.

SECTION 1. This Association, upon recommendation of the Committee on Credentials, may receive as permanent members such persons graduates of medical colleges recognized by this Association, or physicians who are legally qualified to practice medicine in their respective States, as shall be duly recommended for membership to this Association by the respective State Eclectic medical societies auxiliary to this Association. Also applicants as qualified above where there be no State Eclectic medical society. Also persons of high scientific attainments, upon nomination of a member of this Association. Foreigners of high medical and scientific attainments and citizens who have rendered signal service to the Eclectic medical profession may, upon nomination of a member of this Association and recommendation of the Committee on Credentials, at an annual session of this Association, be elected to honorary membership at the next annual session.

SECTION 2. Every State Eclectic medical society and every medical college auxiliary to this Association, as prescribed by the Constitution, shall be entitled to propose members annually to this Association. The credentials of each applicant shall set forth his academic rank, the institution from which and the year in which he received the degree of Doctor of Medicine, and the time during which he had been engaged in practice. Such credentials, when accompanied by the annual per capita tax of two dollars per member, or from applicants from States having no State Eclectic medical society, three dollars per member.

SECTION 3. The Committee on Credentials shall post, in a conspicuous manner, in the place of meeting, all names referred to them, before action shall be taken thereon. Each applicant reported favorably by the Committee on Credentials shall be admitted without vote, unless vote by the Association shall be demanded by ten members.

SECTION 4. Omission to pay annual dues for two years shall be equivalent to a surrender of membership. A member so suspended may be reinstated on payment of the amount of two years' dues, upon recommendation of the Committee on Credentials.

ARTICLE VIII—TRANSACTIONS AND PUBLICATIONS.

SECTION 1. All papers read or submitted by title to this Association shall be its property, and shall be published only at the discretion of the Publishing Committee in the Quarterly, though members may reserve the right, if they wish, to copyright the same, the fact to be so stated in the published reports of the Association. Papers, to be entitled to publication in the Quarterly, shall be in the possession of the Recording Secretary within twenty days after the close of the annual meeting of the Association. No paper previously published in any other periodical, or in any other form for distribution to the public or to the profession, shall be published by this Association.